

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Emergency Medicine Political Action Committee

ADDRESS (number and street) ▼

1125 Executive Circle

☐ Check if different than previously reported. (ACC)

Irving

TX

75038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00140061

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Phyllis Edans CPA, CAE

Signature of Treasurer

Phyllis Edans CPA, CAE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 11 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 01 2012 To: M M / D D / Y Y Y Y Y Y  
06 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">798835.64</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">298906.61</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">401744.62</span>	<span style="border: 1px solid black; padding: 2px;">553635.59</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">700651.23</span>	<span style="border: 1px solid black; padding: 2px;">1352471.23</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">331308.85</span>	<span style="border: 1px solid black; padding: 2px;">617560.48</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">369342.38</span>	<span style="border: 1px solid black; padding: 2px;">734910.75</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
04 / 01 / 2012

To:

M M / D D / Y Y Y Y Y  
06 / 30 / 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

187170.07

254166.83

(ii) Unitemized .....

209403.13

289295.81

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

396573.20

543462.64

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

396573.20

548462.64

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

4500.00

4500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

671.42

672.95

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

401744.62

553635.99

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

401744.62

553635.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	328500.00	610500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	555.00	655.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	555.00	655.00
29. Other Disbursements .....	2253.85	6405.48
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	331308.85	617560.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	331308.85	617560.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	396573.20	548462.64
34. Total Contribution Refunds (from Line 28(d)) .....	555.00	655.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	396018.20	547807.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Miguel A Acevedo Segui**

Mailing Address 2326 Longmoore Ct

City State Zip Code  
Orlando FL 32835-5962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2012

**Transaction ID : C1668291**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. James B Aiken**

Mailing Address 81 Yosemite Dr

City State Zip Code  
New Orleans LA 70131-8661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. James B Aiken

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642327**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Marc Gregory Amaya**

Mailing Address 660 Vinings Estates Dr SE

City State Zip Code  
Mableton GA 30126-5908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Apollo MD (Powers Pointe Park)

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2012

**Transaction ID : C1774606**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 227

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sharon Croom Amaya**

Mailing Address 660 Vinings Estates Dr SE

City

Mableton

State

GA

Zip Code

30126-5908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Apollo MD Powers Pointe Park

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2012

Transaction ID : C1774607

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Stephen H Andersen**

Mailing Address 12202 E Shangri La Rd

City

Scottsdale

State

AZ

Zip Code

85259-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2012

Transaction ID : C1632788

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey D Anderson**

Mailing Address 1305 County Road 65

City

Killen

State

AL

Zip Code

35645-5945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECM Emergency Dept

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 18 / 2012

Transaction ID : C1647373

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 227

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Peter Andersons**

Mailing Address 72749 Skyward Way

City

Palm Desert

State

CA

Zip Code

92260-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2012

Transaction ID : C1669366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Shobhit Arora**

Mailing Address 405 Nature Ln

City

Rockville

State

MD

Zip Code

20850-7767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doctors Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2012

Transaction ID : C1649196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Tom Ashar**

Mailing Address 121 Devon Dr

City

Homewood

State

AL

Zip Code

35209-4315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cullman Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2012

Transaction ID : C1642719

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Ashar

Mailing Address 121 Devon Dr

City

Homewood

State

AL

Zip Code

35209-4315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cullman Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : C1669815

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo ClnC-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

Transaction ID : C1642294

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo ClnC-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

Transaction ID : C1667450

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

266.66

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Brent Asplin**

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo ClnC-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : C1772031

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

## **B. Andrew Luke Aswegan**

Mailing Address 41 Forsythia Ln

City

Bear

State

DE

Zip Code

19701-6301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Union Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2012

Transaction ID : C1666220

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Bruce S Auerbach**

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

Transaction ID : C1642323

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1183.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

Transaction ID : C1667453

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : C1772013

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Neal Finley Aulick II

Mailing Address 11 Aaronwoods Ct

City

Wheeling

State

WV

Zip Code

26003-9358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMP of Ohio Co PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2012

Transaction ID : C1669783

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 227  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rashid J Baddoura**

Mailing Address 120 Heights Rd

City

Ridgewood

State

NJ

Zip Code

07450-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 12 / 2012

Transaction ID : C1642196

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. D Joan Balcombe**

Mailing Address 1054 E 5150 S

City

Ogden

State

UT

Zip Code

84403-4735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EPIC LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774472

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Brien Alfred Barnewolt**

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Med Ctr Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642277

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1583.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brien Alfred Barnewolt**

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Med Ctr Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667454

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Brien Alfred Barnewolt**

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Med Ctr Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772021

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Timothy Paul Barron**

Mailing Address 9435 Mount Vernon Cir

City

Alexandria

State

VA

Zip Code

22309-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United States Army

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642209

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

416.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leigh Barrow**

Mailing Address 2824 E 25th Street

City State Zip Code  
Tulsa OK 74114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMP

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012

**Transaction ID : C1774927**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Claudia L Barthold**

Mailing Address 200 S 31st Ave

City State Zip Code  
Omaha NE 68131-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNMC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : C1772407**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jacob Benford**

Mailing Address 301 Spyglass Way

City State Zip Code  
Aptos CA 95003-4751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Jacob Benford

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2012

**Transaction ID : C1774950**

Amount of Each Receipt this Period

91.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

841.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jacob Benford**

Mailing Address 301 Spyglass Way

City

State

Zip Code

Aptos

CA

95003-4751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Dr. Jacob Benford

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.40

Date of Receipt

MM / DD / YYYY  
06 / 29 / 2012

**Transaction ID : C1776130**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Andrew I Bern**

Mailing Address 9846 NW 18th St

City

State

Zip Code

Coral Springs

FL

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Inphynet Team Hlth

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : C1642280**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Andrew I Bern**

Mailing Address 9846 NW 18th St

City

State

Zip Code

Coral Springs

FL

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Inphynet Team Hlth

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2012

**Transaction ID : C1667456**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew I Bern**

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : C1772016**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Benjamin Bernstein**

Mailing Address 15 Merrivale Rd

City

Great Neck

State

NY

Zip Code

11021-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 22 / 2012

**Transaction ID : C1644525**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael Bessette**

Mailing Address 651 W Mount Pleasant Ave  
EMA

City

Livingston

State

NJ

Zip Code

07039-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : C1772319**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2083.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sheila D Best**

Mailing Address 4024 Sharon Woods Dr

City

State

Zip Code

Powder Spgs

GA

30127-2822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sheila D Best, MD

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1656813

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Sheila D Best**

Mailing Address 4024 Sharon Woods Dr

City

State

Zip Code

Powder Spgs

GA

30127-2822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sheila D Best, MD

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1776103

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. John D Bibb**

Mailing Address 16449 Akron St

City

State

Zip Code

Pacific Plsds

CA

90272-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2012

Transaction ID : C1637982

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stewart E Bick**

Mailing Address 1149 W 116th St

City

Carmel

State

IN

Zip Code

46032-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Vincent Hosp &amp; Hlth Cre Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

**Transaction ID : C1625962**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dale Scott Birenbaum**

Mailing Address 3298 Kentshire Blvd

City

Ocoee

State

FL

Zip Code

34761-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

**Transaction ID : C1668405**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael D Bishop**

Mailing Address 1155 W 3rd St

Dynamic Medical Practice Services

City

Bloomington

State

IN

Zip Code

47404-5016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dynamic medical Practice Services

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2012

**Transaction ID : C1772214**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory J Bjerke**

Mailing Address 2973 Peterson Pkwy N

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford-Meritcare

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2012

**Transaction ID : C1772003**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Joseph Bledsoe**

Mailing Address 8888 Upper Lando Ln

City

Park City

State

UT

Zip Code

84098-5847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of UT Hosp & Clinics ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 18 / 2012

**Transaction ID : C1642724**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Joseph Bledsoe**

Mailing Address 8888 Upper Lando Ln

City

Park City

State

UT

Zip Code

84098-5847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of UT Hosp & Clinics ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 08 / 2012

**Transaction ID : C1767839**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frederick C Blum**

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642288**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Frederick C Blum**

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2012

**Transaction ID : C1668418**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Frederick C Blum**

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : C1772008**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian M Boesiger**

Mailing Address 419 E Cave Ct

City

Boise

State

ID

Zip Code

83702-5064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ID Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2012

**Transaction ID : C1625956**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jason Bolden**

Mailing Address 3011 Rock Springs Rd

City

Charlotte

State

NC

Zip Code

28226-7357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jason Bolden, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C1669368**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ethan A Booker**

Mailing Address 417 T St NW

City

Washington

State

DC

Zip Code

20001-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington Hosp Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C1669373**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Keenan M Bora**

Mailing Address 3475 Ridgeline Ct

City

Ann Arbor

State

MI

Zip Code

48105-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne State Univ/Detroit Rec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Samuel Francis Bosco**

Mailing Address 6 Fox Glove Ct

City

Wynantskill

State

NY

Zip Code

12198-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Peters Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 11 / 2012

Transaction ID : C1658414

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bradford J Bowls**

Mailing Address 121 NW Ivanhoe Blvd

City

Orlando

State

FL

Zip Code

32804-5958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668383

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alkesh Brahmhatt**

Mailing Address 1441 Langham Ter

City

Lake Mary

State

FL

Zip Code

32746-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668411

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Sabina A Braithwaite**

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642289

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Sabina A Braithwaite**

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667459

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.66

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sabina A Braithwaite**

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	2

**Transaction ID : C1772028**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Francine H Brooks**

Mailing Address 21 Fair St

City

Cold Spring

State

NY

Zip Code

10516-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vassar Brothers Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : C1773471**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. James Tracy Brown**

Mailing Address 12528 Sr 78

City

Havana

State

IL

Zip Code

62644-6866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSF St Francis Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	2

**Transaction ID : C1656815**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1333.33



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Yvonne Marie Brutger**

Mailing Address 9615 Wyoming Cir

City

Minneapolis

State

MN

Zip Code

55438-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

**Transaction ID : C1668196**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John William Burger**

Mailing Address 58 Norfolk Ave

City

Clarendon Hls

State

IL

Zip Code

60514-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : C1669369**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Burton**

Mailing Address 3875 Geist Rd

City

Fairbanks

State

AK

Zip Code

99709-3549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Heart Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2012

**Transaction ID : C1757359**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph J Calabro**

Mailing Address 15 Hance Rd

City State Zip Code  
Fair Haven NJ 07704-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PPE

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : C1658413**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jennifer E Callaway**

Mailing Address 1528 Dilworth Rd

City State Zip Code  
Charlotte NC 28203-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : C1773484**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jorge L Cambo**

Mailing Address 1143 Raintree Pl

City State Zip Code  
Winter Park FL 32789-2563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Phys Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : C1651311**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 227

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eva M Carey

Mailing Address 16415 Southcliff Ridge Cir

City	State	Zip Code
Anchorage	AK	99516-5416

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Eva M Carey

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2012

Transaction ID : C1772144

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael L Carius

Mailing Address 34 Maple St  
Norwalk Hosp ED Chairman

City	State	Zip Code
Norwalk	CT	06850-3815

FEC ID number of contributing federal political committee.

C

Name of Employer

Norwalk Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2012

Transaction ID : C1623320

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kevin P Carmen

Mailing Address 1398 Hampton Knoll Dr

City	State	Zip Code
Akron	OH	44313-4890

FEC ID number of contributing federal political committee.

C

Name of Employer

Brody Sch of Med @ ECU, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2012

Transaction ID : C1654644

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jesse Caron**

Mailing Address 500 Winderley Pl

FL Emer Phys

City

State

Zip Code

Maitland

FL

32751-7406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

FL Emer Phys Kang & Assoc

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2012

**Transaction ID : C1668395**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jennifer Casaletto**

Mailing Address 524 Stonewater Bay Ln

City

State

Zip Code

Mount Holly

NC

28120-9168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Medpro Emer Phys

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2012

**Transaction ID : C1774483**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Cassara**

Mailing Address 5 Collins Ave

City

State

Zip Code

Kings Park

NY

11754-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

North Shore Univ Hosp Emer Phys

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : C1651321**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Cetta**

Mailing Address 16 Piney Glen Ct

City State Zip Code  
 Potomac MD 20854-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1655015

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Kahang Lee Chan**

Mailing Address 1618 Bridgewater Dr

City State Zip Code  
 Lake Mary FL 32746-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668409

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mary Anna Chiu**

Mailing Address 10220 N Orchard Ln

City State Zip Code  
 Spokane WA 99208-5523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EPS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 19 / 2012

Transaction ID : C1772317

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 227

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City	State	Zip Code
Scottsdale	AZ	85257-1959

FEC ID number of contributing federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

Transaction ID : C1642293

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City	State	Zip Code
Scottsdale	AZ	85257-1959

FEC ID number of contributing federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

Transaction ID : C1667472

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City	State	Zip Code
Scottsdale	AZ	85257-1959

FEC ID number of contributing federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

Transaction ID : C1772020

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. L Anthony Cirillo**

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642330**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Leonardo Cisneros**

Mailing Address 2365 Forrest Rd

City

Winter Park

State

FL

Zip Code

32789-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668381**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Carol L Clark**

Mailing Address 3601 W 13 Mile Rd

William Beaumont Hosp ED

City

Royal Oak

State

MI

Zip Code

48073-6712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642331**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nathaniel W Clark**

Mailing Address 1216 E Newton St

City  
SeattleState  
WAZip Code  
98102-4104FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Nathaniel W Clark

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	05	/	2012

**Transaction ID : C1625960**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. R Carter Clements**

Mailing Address 5558 Taft Ave

City  
OaklandState  
CAZip Code  
94618-1519FEC ID number of contributing  
federal political committee.

C

Name of Employer

OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642296**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. R Carter Clements**

Mailing Address 5558 Taft Ave

City  
OaklandState  
CAZip Code  
94618-1519FEC ID number of contributing  
federal political committee.

C

Name of Employer

OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2012

**Transaction ID : C1667473**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶

666.66

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 227

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. R Carter Clements**

Mailing Address 5558 Taft Ave

City	State	Zip Code
Oakland	CA	94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2012

**Transaction ID : C1772012**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Nathan J Cleveland**

Mailing Address 10458 Hope Mills Dr

City	State	Zip Code
Las Vegas	NV	89135-2865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denver Hlth Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	09	/	2012

**Transaction ID : C1666246**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Nathan J Cleveland**

Mailing Address 10458 Hope Mills Dr

City	State	Zip Code
Las Vegas	NV	89135-2865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denver Hlth Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	24	/	2012

**Transaction ID : C1669364**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

433.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Clinton Coil**

Mailing Address 1000 W Carson St

LAC Harbor UCLA Med Ctr

City

Torrance

State

CA

Zip Code

90502-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAC Harbor UCLA Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : C1663789**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Lloyd G Connelly**

Mailing Address 1578 SE Lambert St

City

Portland

State

OR

Zip Code

97202-6040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Hlth and Science Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : C1651340**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Helene Connolly**

Mailing Address 500 Thatcher Ave

City

River Forest

State

IL

Zip Code

60305-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hosp & Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : C1773486**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Helene Connolly**

Mailing Address 500 Thatcher Ave

City

River Forest

State

IL

Zip Code

60305-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hosp & Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774482

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **B. David Thomas Cook**

Mailing Address 809 Bridgetown Pass

City

Mt Pleasant

State

SC

Zip Code

29464-8330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christiana Care Hlth Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774476

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Robert Raymond Cooney**

Mailing Address 210 Concord St

City

Indiana

State

PA

Zip Code

15701-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allegheny Gen Hos

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667438

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 227

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Marco Coppola**

Mailing Address 7105 Waldon Ct

City  
Colleyville

State  
TX

Zip Code  
76034-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Questcare Med Svcs

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : C1666164**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Christopher Corbit**

Mailing Address 1075 Mornington Cir

City  
Uniontown

State  
OH

Zip Code  
44685-6244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Gen Med Ctr Dept of EM

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2012

**Transaction ID : C1666239**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Robert J Cox**

Mailing Address 817 Thomaston St

City  
Barnesville

State  
GA

Zip Code  
30204-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmergiNet/Summit Med Svcs

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667474**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 37 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonna Wray Cubin**

Mailing Address 1800 Elkhorn Valley Dr

City State Zip Code  
Casper WY 82609-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iverson Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : C1658415**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James Michael Cusick**

Mailing Address 1077 Race St

City State Zip Code  
Denver CO 80206-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642284**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. James Michael Cusick**

Mailing Address 1077 Race St

City State Zip Code  
Denver CO 80206-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667477**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

416.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Michael Cusick**

Mailing Address 1077 Race St

City

Denver

State

CO

Zip Code

80206-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772014

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Peter Michael Daher**

Mailing Address 11753 Pacific St

City

Omaha

State

NE

Zip Code

68154-3444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Creighton Univ Med Ctr EM Dept

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 23 / 2012

Transaction ID : C1644901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert James Davis**

Mailing Address 391 Boxberry Hill Rd

City

East Falmouth

State

MA

Zip Code

02536-4125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Falmouth Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 05 / 2012

Transaction ID : C1625954

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

633.33

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven Edward Davis**

Mailing Address 444 Dillon Cir NE

City

North Canton

State

OH

Zip Code

44720-7863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Canton Aultman Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

**Transaction ID : C1666247**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brian C Dawson**

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brody Schl of Med @ ECU ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2012

**Transaction ID : C1642574**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Brian C Dawson**

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brody Schl of Med @ ECU ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

**Transaction ID : C1667479**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carrie DeMoor**

Mailing Address 4701 Paxton Ln

City  
FriscoState  
TXZip Code  
75034-2209FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TX Tech Hlth Sci CtrOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		05		2012

**Transaction ID : C1625950**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Carrie DeMoor**

Mailing Address 4701 Paxton Ln

City  
FriscoState  
TXZip Code  
75034-2209FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TX Tech Hlth Sci CtrOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2012

**Transaction ID : C1649301**

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

**C. fred dennis MD, MBA, F**Mailing Address 22287 mulholland hwy.  
#187City  
calabasasState  
CAZip Code  
91302FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCareOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2012

**Transaction ID : C1642276**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

391.33

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. fred dennis MD, MBA, F**

Mailing Address 22287 mulholland hwy.  
#187

City State Zip Code  
calabasas CA 91302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667480

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. fred dennis MD, MBA, F**

Mailing Address 22287 mulholland hwy.  
#187

City State Zip Code  
calabasas CA 91302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772015

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Paul DePonte**

Mailing Address 107 Baytree Ct

City State Zip Code  
Winter Spgs FL 32708-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668386

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1166.66

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laurence R DesRochers**

Mailing Address 640 Harbor Rd

City

State

Zip Code

Brick

NJ

08724-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Jersey Emer Med Spec

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642324**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. William D Dicindio**

Mailing Address 124 Erica Ct

City

State

Zip Code

Swedesboro

NJ

08085-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

South Jersey Healthcare

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

**Transaction ID : C1666188**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. William D Dicindio**

Mailing Address 124 Erica Ct

City

State

Zip Code

Swedesboro

NJ

08085-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

South Jersey Healthcare

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2012

**Transaction ID : C1658416**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

425.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William D Dicindio

Mailing Address 124 Erica Ct

City

Swedesboro

State

NJ

Zip Code

08085-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Jersey Healthcare

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2012

Transaction ID : C1775262

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert Lewis Dickson

Mailing Address ST14 Lake Cherokee

City

Henderson

State

TX

Zip Code

75652-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Sheperd Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2012

Transaction ID : C1642578

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Lewis Dickson

Mailing Address ST14 Lake Cherokee

City

Henderson

State

TX

Zip Code

75652-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Sheperd Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : C1669378

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jno Jacob Disch**

Mailing Address 3892 Savoy Dr

City  
ClevelandState  
OHZip Code  
44126-1766FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron Gen Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2012

**Transaction ID : C1772340**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marc M Dreier**

Mailing Address 295 Richards Rd

City  
RidgewoodState  
NJZip Code  
07450-1009FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : C1644911**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Laurie C Drill-Mellum**

Mailing Address 5850 County Road 155

City  
WaconiaState  
MNZip Code  
55387-9654FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Phys &amp; Consultants

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

**Transaction ID : C1651328**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carlos Gomez Duarte**

Mailing Address 6N969 Whispering Trl

City

Saint Charles

State

IL

Zip Code

60175-6363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Emergency Care Management

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C1669775**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. James R Dudley**

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642272**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. James R Dudley**

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667481**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James R Dudley**

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772029

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Robert Brian Dunne**

Mailing Address 51800 9 Mile Rd

City

Northville

State

MI

Zip Code

48167-9773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Specialists PC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2012

Transaction ID : C1757425

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. James S Eadie**

Mailing Address 201 N Lowell Ln

City

Austin

State

TX

Zip Code

78733-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sante Ventures

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2012

Transaction ID : C1775057

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 47 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William C Eidenmuller**

Mailing Address 3300 Vancouver Dr

City State Zip Code  
Modesto CA 95355-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kern Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

**Transaction ID : C1757374**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. William C Eidenmuller**

Mailing Address 3300 Vancouver Dr

City State Zip Code  
Modesto CA 95355-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kern Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2012

**Transaction ID : C1775211**

Amount of Each Receipt this Period

91.40

Full Name (Last, First, Middle Initial)

**C. Emile El-Shammaa**

Mailing Address 287 Bristol Way

City State Zip Code  
Worthington OH 43085-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OH State Univ Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642584**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

291.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Emile El-Shammaa**

Mailing Address 287 Bristol Way

City State Zip Code  
 Worthington OH 43085-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OH State Univ Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : C1651319**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Randy Engelman**

Mailing Address 2918 E 97th Ct

City State Zip Code  
 Tulsa OK 74137-7367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2012

**Transaction ID : C1669381**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Angelo L Falcone**

Mailing Address 12410 Milestone Center Dr  
 Med Emer Prof Llc

City State Zip Code  
 Germantown MD 20876-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montgomery Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : C1655013**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jay L Falk**

Mailing Address **Orland Regional Medical Center**  
**86 W Underwood St #200**

City State Zip Code  
**Orlando FL 32806**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Orlando Reg Med Ctr**

Occupation

**Emergency Physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

**05 / 30 / 2012**

**Transaction ID : C1670248**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**B. Richard M Feldman**

Mailing Address **836 W Wellington Ave**  
**Advocate IL Masonic Med Ctr ED**

City State Zip Code  
**Chicago IL 60657-5147**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Advocate IL Masonic Med Ctr ED**

Occupation

**Emergency Physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**04 / 17 / 2012**

**Transaction ID : C1642213**

Amount of Each Receipt this Period

**250.00**

Full Name (Last, First, Middle Initial)

**C. Claudine S Feliciano**

Mailing Address **639 Bobwhite Ln**

City State Zip Code  
**New Lenox IL 60451-8595**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Henry Ford Macomb-Warren Hosp**

Occupation

**Emergency Physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**05 / 24 / 2012**

**Transaction ID : C1669363**

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**1500.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott E Felten

Mailing Address 11122 S Harvard Ave

City State Zip Code  
Tulsa OK 74137-7810

FEC ID number of contributing federal political committee.

C

Name of Employer

St Francis Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : C1669382

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brent M Felton

Mailing Address 1536 Woodside Dr

City State Zip Code  
East Lansing MI 48823-2950

FEC ID number of contributing federal political committee.

C

Name of Employer

Phys Assoc PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 11 / 2012

Transaction ID : C1765978

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John T Finnell II

Mailing Address 505 S 5th St

City State Zip Code  
Zionsville IN 46077-1745

FEC ID number of contributing federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2012

Transaction ID : C1642278

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

1583.33

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John T Finnell II**

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2012

**Transaction ID : C1667482**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. John T Finnell II**

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2012

**Transaction ID : C1772027**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Diana L Fite**

Mailing Address 15806 Maple Falls Ct

City

Tomball

State

TX

Zip Code

77377-8762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2012

**Transaction ID : C1642312**

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

256.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Diana L Fite**

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
 Tomball TX 77377-8762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : C1667483**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Diana L Fite**

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
 Tomball TX 77377-8762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : C1772010**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Juan Francisco Fitz**

Mailing Address 6003 84th St

City State Zip Code  
 Lubbock TX 79424-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012

**Transaction ID : C1642279**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

263.33

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Juan Francisco Fitz**

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

**Transaction ID : C1666147**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Juan Francisco Fitz**

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

**Transaction ID : C1667484**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Juan Francisco Fitz**

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

**Transaction ID : C1772018**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

216.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kelly Foley**

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 17 / 2012

**Transaction ID : C1642321**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Kelly Foley**

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 22 / 2012

**Transaction ID : C1667485**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Kelly Foley**

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2012

**Transaction ID : C1772032**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marsha D Ford**

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642273

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Marsha D Ford**

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667486

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Marsha D Ford**

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772011

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott H Freedman**

Mailing Address 12814 Doe Ln

City

Gaithersburg

State

MD

Zip Code

20878-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : C1655016**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Dan BG Freess**

Mailing Address 612 Fern St

City

West Hartford

State

CT

Zip Code

06107-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Connecticut

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667425**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Vidor E Friedman**

Mailing Address 13061 Water Point Blvd

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2012

**Transaction ID : C1668390**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vicki Kay Friend**

Mailing Address 5753 Aloma Woods Blvd

City	State	Zip Code
Oviedo	FL	32765-9437

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
FL Emer Phys Kang & Assoc	Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668282**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Wayne S Friestad**

Mailing Address 1528 Langham Ter

City	State	Zip Code
Lake Mary	FL	32746-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
FL Emer Phys Kang & Assoc	Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668403**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Douglas H Gaither**

Mailing Address 6140 S Gun Club Rd

City	State	Zip Code
Aurora	CO	80016-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
Self	Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2012

**Transaction ID : C1669761**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2100.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Stephen Gallea**

Mailing Address PO Box 6622

City  
HelenaState  
MTZip Code  
59604-6622FEC ID number of contributing  
federal political committee.

C

Name of Employer  
c/o Lopach & CarparelliOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2012

**Transaction ID : C1642320**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. William Stephen Gallea**

Mailing Address PO Box 6622

City  
HelenaState  
MTZip Code  
59604-6622FEC ID number of contributing  
federal political committee.

C

Name of Employer  
c/o Lopach & CarparelliOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2012

**Transaction ID : C1667487**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. William Stephen Gallea**

Mailing Address PO Box 6622

City  
HelenaState  
MTZip Code  
59604-6622FEC ID number of contributing  
federal political committee.

C

Name of Employer  
c/o Lopach & CarparelliOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2012

**Transaction ID : C1772026**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Brett A Gamma**

Mailing Address 14930 Finegan Farm Dr

City

Germantown

State

MD

Zip Code

20874-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shady Grove Adventist Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2012

Transaction ID : C1655014

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Brent F Gardner**

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2012

Transaction ID : C1642267

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Brent F Gardner**

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2012

Transaction ID : C1668385

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 227  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laurence J Gavin**

Mailing Address 516 Pine St

City

Philadelphia

State

PA

Zip Code

19106-4111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presbyterian Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	01	/	2012

**Transaction ID : C1654633**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Reginald Gaylord**

Mailing Address 5740 S King Dr

City

Chicago

State

IL

Zip Code

60637-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Chicago Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2012

**Transaction ID : C1775412**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ryan Geers**

Mailing Address 4116 Paxton Woods Dr

City

Cincinnati

State

OH

Zip Code

45209-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St E

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	21	/	2012

**Transaction ID : C1647419**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

715.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 227  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ryan Geers**

Mailing Address 4116 Paxton Woods Dr

City	State	Zip Code
Cincinnati	OH	45209-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St E

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

**Transaction ID : C1773358**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Steven Paul Gohsler**

Mailing Address 6 Byram Ct

City	State	Zip Code
Mendham	NJ	07945-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morristown Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2012

**Transaction ID : C1774672**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David Andrew Goldman**

Mailing Address 428 Raccoon St

City	State	Zip Code
Lake Mary	FL	32746-3802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668412**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1350.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 227  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher Michael Gooch**

Mailing Address 105 Church St

City

Rayland

State

OH

Zip Code

43943-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		24		2012

**Transaction ID : C1669367**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Michael Goodloe**

Mailing Address 3720 E 99th Pl

City

Tulsa

State

OK

Zip Code

74137-5231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2012

**Transaction ID : C1638567**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mylissa Amy Graber**

Mailing Address 7809 Trieste Place

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2012

**Transaction ID : C1642319**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mylissa Amy Graber**

Mailing Address 7809 Trieste Place

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

Transaction ID : C1667488

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mylissa Amy Graber**

Mailing Address 7809 Trieste Place

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMCARE

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : C1772033

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Louis G Graff**

Mailing Address 130 Oakridge

City

Unionville

State

CT

Zip Code

06085-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Britian General Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2012

Transaction ID : C1625955

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald Eugene Graham**

Mailing Address 2104 Pell St

City

Scottsboro

State

AL

Zip Code

35769-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Ronald Eugene Graham

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2012

**Transaction ID : C1765963**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Keith Grams**

Mailing Address 7 Tilsit Way

City

Webster

State

NY

Zip Code

14580-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rochester General Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2012

**Transaction ID : C1767864**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael A Granovsky**

Mailing Address 8295 Alvord St

City

Mc Lean

State

VA

Zip Code

22102-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Washington Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		15		2012

**Transaction ID : C1663787**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen A D Grant**

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642287**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Stephen A D Grant**

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

**Transaction ID : C1667489**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Stephen A D Grant**

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

**Transaction ID : C1772025**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrea L Green**

Mailing Address 22428 Springflower Dr

City State Zip Code  
Golden CO 80401-8033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2012

**Transaction ID : C1633283**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Andrea L Green**

Mailing Address 22428 Springflower Dr

City State Zip Code  
Golden CO 80401-8033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642326**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Andrea L Green**

Mailing Address 22428 Springflower Dr

City State Zip Code  
Golden CO 80401-8033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667490**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrea L Green**

Mailing Address 22428 Springflower Dr

City State Zip Code  
Golden CO 80401-8033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : C1772007**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Jason Greenbaum**

Mailing Address 27 Sussex Pl

City State Zip Code  
Stamford CT 06905-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2012

**Transaction ID : C1642593**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Robert D Greenberg**

Mailing Address 2401 S 31st St  
Scott & White

City State Zip Code  
Temple TX 76508-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott & White Healthcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642332**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew L Griffin**

Mailing Address 8763 Tondella Way

City State Zip Code  
Fair Oaks CA 95628-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy San Juan

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : C1669357

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Wesley S Grigsby**

Mailing Address 601 N 30th St

Creighton Univ Med Ctr Emer Dept

City State Zip Code  
Omaha NE 68131-2137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Creighton Univ Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

Transaction ID : C1651333

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Michael Gary Guttenberg**

Mailing Address 11 Glen Hill Ln

City State Zip Code  
Tarrytown NY 10591-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Josephs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

Transaction ID : C1642333

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Gary Guttenberg**

Mailing Address 11 Glen Hill Ln

City

Tarrytown

State

NY

Zip Code

10591-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Josephs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	04	/	2012

**Transaction ID : C1666269**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Alison Haddock**

Mailing Address 1800 11th Ave

City

Seattle

State

WA

Zip Code

98122-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642291**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Alison Haddock**

Mailing Address 1800 11th Ave

City

Seattle

State

WA

Zip Code

98122-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2012

**Transaction ID : C1667491**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

266.66

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alison Haddock**

Mailing Address 1800 11th Ave

City  
SeattleState  
WAZip Code  
98122-2421FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2012

**Transaction ID : C1772047**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Kathryn Louise Hall-Boyer**

Mailing Address 3537 E Orangeburg Ave

City  
ModestoState  
CAZip Code  
95355-3671FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2012

**Transaction ID : C1774806**

Amount of Each Receipt this Period

91.40

Full Name (Last, First, Middle Initial)

**C. Paul K Hanashiro**

Mailing Address 2760 San Pasqual St

City  
PasadenaState  
CAZip Code  
91107-5340FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Paul K Hanashiro

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	30	/	2012

**Transaction ID : C1670256**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1174.73

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lindsay M Harmon**

Mailing Address 6701 Shore Island Dr

City

Indianapolis

State

IN

Zip Code

46220-1185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642318**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lindsay M Harmon**

Mailing Address 6701 Shore Island Dr

City

Indianapolis

State

IN

Zip Code

46220-1185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

**Transaction ID : C1667492**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Lindsay M Harmon**

Mailing Address 6701 Shore Island Dr

City

Indianapolis

State

IN

Zip Code

46220-1185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

**Transaction ID : C1772049**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William G Heegaard**

Mailing Address 701 Park Ave

Hennepin County Med Ctr ED

City

Minneapolis

State

MN

Zip Code

55415-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCMC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1649018

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Jonathan Heidt**

Mailing Address 660 S Euclid Ave

Barnes Jewish Hosp

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnes Jewish Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642269

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jonathan Heidt**

Mailing Address 660 S Euclid Ave

Barnes Jewish Hosp

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnes Jewish Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667493

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

483.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Jonathan Heidt**

Mailing Address 660 S Euclid Ave

Barnes Jewish Hosp

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnes Jewish Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : C1772048

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Carlton E Heine**

Mailing Address 2986 Foster Ave

City

Juneau

State

AK

Zip Code

99801-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skagit Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

Transaction ID : C1667422

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Marilyn Joan Heine**

Mailing Address 900 Twining Rd

City

Dresher

State

PA

Zip Code

19025-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Suburban Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

Transaction ID : C1667428

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1291.67

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Josh Heller**

Mailing Address 26 Cherry Lane Dr

City State Zip Code  
Englewood CO 80113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CarePoint

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : C1768814**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marcus A Hendry**

Mailing Address 6827 Windemere Dr

City State Zip Code  
Zionsville IN 46077-8552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SVEP Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : C1651318**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Charles W Henrichs III**

Mailing Address 800 N Justice St  
Margaret R Pardee Meml Hosp

City State Zip Code  
Hendersonville NC 28791-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hendersonville Emer Consultant

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667441**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis A Hernandez**

Mailing Address 3278 Tala Loop

City

Longwood

State

FL

Zip Code

32779-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668397**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Larry Allen Hobbs**

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642268**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Larry Allen Hobbs**

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

**Transaction ID : C1667495**

Amount of Each Receipt this Period

83.37

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1166.70

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 227  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Larry Allen Hobbs**

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668417**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Larry Allen Hobbs**

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

**Transaction ID : C1772052**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Timothy Hodge**

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2012

**Transaction ID : C1666765**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

366.66

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy Hodge**

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	2

**Transaction ID : C1669358**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Timothy Hodge**

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	2

**Transaction ID : C1772055**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Kenneth L Holbert**

Mailing Address 130 Laural Hill Dr

City

Smyrna

State

TN

Zip Code

37167-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harton Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

**Transaction ID : C1673228**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen G Holtzclaw**

Mailing Address 10265 SW 23rd Ct

City

Davie

State

FL

Zip Code

33324-7619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 25 / 2012

**Transaction ID : C1673209**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Stephen G Holtzclaw**

Mailing Address 10265 SW 23rd Ct

City

Davie

State

FL

Zip Code

33324-7619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2012

**Transaction ID : C1765979**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Sandra W Horning**

Mailing Address 7611 S Mountain Springs Rd

City

Spokane

State

WA

Zip Code

99223-1880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHMC ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 30 / 2012

**Transaction ID : C1670257**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 227  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hans Roberts House**

Mailing Address 200 Hawkins Dr

Univ of IA Hosps &amp; Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of IA Hosps &amp; Clncs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

Transaction ID : C1642334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Hans Roberts House**

Mailing Address 200 Hawkins Dr

Univ of IA Hosps &amp; Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of IA Hosps &amp; Clncs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

Transaction ID : C1667442

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Hans Roberts House**

Mailing Address 200 Hawkins Dr

Univ of IA Hosps &amp; Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of IA Hosps &amp; Clncs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

Transaction ID : C1772057

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marc P Hyde**

Mailing Address 2637 E Spring Hollow Dr

City

Salt Lake Cty

State

UT

Zip Code

84109-4036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Marks Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2012

**Transaction ID : C1642731**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Peter J Jacoby**

Mailing Address 167 Sprain Brook Rd

City

Woodbury

State

CT

Zip Code

06798-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Marys Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668415**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. William Paul Jaquis**

Mailing Address 1216 S Bouldin St

City

Baltimore

State

MD

Zip Code

21224-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sinai Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	17	/	2012

**Transaction ID : C1664363**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Paul Jaquis**

Mailing Address 1216 S Bouldin St

City

Baltimore

State

MD

Zip Code

21224-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sinai Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : C1757333**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. David Peter John**

Mailing Address 20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caritas Carney Hosp Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642335**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Melissa Divan Johnson**

Mailing Address 725 NW 10th Ave

City

Portland

State

OR

Zip Code

97209-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Hlth &amp; Sci Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2012

**Transaction ID : C1669750**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

525.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Paul Jones**

Mailing Address 2897 Carmelo Dr

City

Henderson

State

NV

Zip Code

89052-4072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of KY Chandler Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 24 / 2012

**Transaction ID : C1669370**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Alan Joseph**

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 17 / 2012

**Transaction ID : C1642264**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Alan Joseph**

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 22 / 2012

**Transaction ID : C1667496**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Alan Joseph**

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 15 / 2012

**Transaction ID : C1772050**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Neal A Kaforey**

Mailing Address 3413 E Glencoe Rd

City

Richfield

State

OH

Zip Code

44286-9341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OPMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2012

**Transaction ID : C1772424**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Costas Andreas Kaiafas**

Mailing Address 910 Country Club Rd

City

Bridgewater

State

NJ

Zip Code

08807-1174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2012

**Transaction ID : C1647379**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven B Kailes**

Mailing Address 1998 Rivergate Dr

City State Zip Code  
 Fleming Isle FL 32003-8686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southeast Emer Consultant

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012

**Transaction ID : C1642322**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Steven B Kailes**

Mailing Address 1998 Rivergate Dr

City State Zip Code  
 Fleming Isle FL 32003-8686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southeast Emer Consultant

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : C1667497**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Steven B Kailes**

Mailing Address 1998 Rivergate Dr

City State Zip Code  
 Fleming Isle FL 32003-8686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southeast Emer Consultant

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : C1772037**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Neeraja Kairam**

Mailing Address 20 Club Dr

City

Summit

State

NJ

Zip Code

07901-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medical Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

**Transaction ID : C1649330**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Rodney C Kang**

Mailing Address 2420 Sand Lake Rd

City

Longwood

State

FL

Zip Code

32779-5811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

**Transaction ID : C1668382**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Gary R Katz**

Mailing Address 7918 Wisteria Ct

City

Dublin

State

OH

Zip Code

43016-8531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSU, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2012

**Transaction ID : C1774690**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven A Katz**

Mailing Address 1002 Stratford Ave

City

Elkins Park

State

PA

Zip Code

19027-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. George E Kennedy**

Mailing Address 1605 Lafayette Dr NE

City

Albuquerque

State

NM

Zip Code

87106-1160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of New Mexico

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669635

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael J Keyes Jr.**

Mailing Address 216 Canterbury Rd

City

Rochester

State

NY

Zip Code

14607-3434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rochester General

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2012

Transaction ID : C1774481

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Derik K King**

Mailing Address 6 Clermont Ln

City

Saint Louis

State

MO

Zip Code

63124-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerg Consultants Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2012

**Transaction ID : C1632783**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Derik K King**

Mailing Address 6 Clermont Ln

City

Saint Louis

State

MO

Zip Code

63124-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerg Consultants Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

**Transaction ID : C1774693**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Paul Daniel Kivela**

Mailing Address 1370 Trancas St

City

Napa

State

CA

Zip Code

94558-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Napa Valley Emer Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : C1669361**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

760.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David N Klein**

Mailing Address 12410 Milestone Center Dr  
Med Emer Prof Llc

City State Zip Code  
Germantown MD 20876-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : C1655018**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Keith E Kocher**

Mailing Address 2918 Baylis Dr

City State Zip Code  
Ann Arbor MI 48108-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Foote Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642210**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Keith E Kocher**

Mailing Address 2918 Baylis Dr

City State Zip Code  
Ann Arbor MI 48108-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Foote Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2012

**Transaction ID : C1666294**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 227  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mickey M Kolodny**Mailing Address 1601 N Sepulveda Blvd  
# 362

City	State	Zip Code
Manhattan Bch	CA	90266-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Daniel Freeman Marina Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642211**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Terry Kowalenko**

Mailing Address 4619 Oak Pointe Dr

City	State	Zip Code
Brighton	MI	48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642295**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Terry Kowalenko**

Mailing Address 4619 Oak Pointe Dr

City	State	Zip Code
Brighton	MI	48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

**Transaction ID : C1667498**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

466.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terry Kowalenko**

Mailing Address 4619 Oak Pointe Dr

City State Zip Code  
 Brighton MI 48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : C1772019**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Paul Andrew Kozak**

Mailing Address 21925 N Calle Royale

City State Zip Code  
 Scottsdale AZ 85255-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : C1642715**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Christopher L Krieg**

Mailing Address 5500 Rock Valley Way

City State Zip Code  
 Louisville KY 40241-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norton Suburban Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012

**Transaction ID : C1642215**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1583.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark S Kruger**

Mailing Address PO Box 1209

City

Sanford

State

FL

Zip Code

32772-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2012

**Transaction ID : C1668336**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Owen Lander**

Mailing Address 131 Seneca Hills Ests

City

Morgantown

State

WV

Zip Code

26508-9490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2012

**Transaction ID : C1644895**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Beth Ellen Lapka**

Mailing Address 4600 S Deerfield Cir

City

Sioux Falls

State

SD

Zip Code

57105-7057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

**Transaction ID : C1625988**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Linda L Lawrence**

Mailing Address PSC 103 Box 3521

City

APO

State

AE

Zip Code

09603-0036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAF

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	2

**Transaction ID : C1654575**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Guy David Leveaux**

Mailing Address RR 2 Box 297

City

Shinnston

State

WV

Zip Code

26431-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Braxton Cty Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	2

**Transaction ID : C1666299**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Guy David Leveaux**

Mailing Address RR 2 Box 297

City

Shinnston

State

WV

Zip Code

26431-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Braxton Cty Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	2

**Transaction ID : C1765970**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan J Lewis

Mailing Address 22943 Ostronic Dr

City State Zip Code  
 Woodland Hls CA 91367-6141

FEC ID number of contributing federal political committee.

C

Name of Employer

Long Beach Mem Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012

Transaction ID : C1625985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher C Ligan

Mailing Address 1716 Acacia Bud Dr

City State Zip Code  
 Austin TX 78733-5737

FEC ID number of contributing federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

Transaction ID : C1668389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jorge Lopez-Ferrer

Mailing Address 1476 Chippewa Ln

City State Zip Code  
 Geneva FL 32732-9183

FEC ID number of contributing federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

Transaction ID : C1668392

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ralph K Losey**

Mailing Address 207 S Prospect St

City

Galena

State

IL

Zip Code

61036-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of IL at Chicago ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	2

**Transaction ID : C1773500**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Seth A Lotterman**

Mailing Address 7 Willow Ln

City

West Hartford

State

CT

Zip Code

06107-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : C1772810**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Donald L Lum**Mailing Address 2000 North Ave  
Northfield Hosp

City

Northfield

State

MN

Zip Code

55057-1498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northfield Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

**Transaction ID : C1646062**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas J Lydon**

Mailing Address PO Box 51

City

Rye Beach

State

NH

Zip Code

03871-0051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wentworth Douglass Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : C1787862**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. John L Lyman**

Mailing Address 332 Congress Park Dr  
Premier Hlth Care

City

Dayton

State

OH

Zip Code

45459-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Hlth Care

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2012

**Transaction ID : C1772001**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Catherine Anna Marco**

Mailing Address 7129 Jamesford Dr

City

Toledo

State

OH

Zip Code

43617-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Toledo Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2012

**Transaction ID : C1632786**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Abigail M Martinez**

Mailing Address 1478 S Prairie Ave

City State Zip Code  
Chicago IL 60605-3345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : C1773874**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Angela F Mattke**

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642316**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Angela F Mattke**

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667499**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Angela F Mattke**

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmergiNet/Summit Med Svcs

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : C1772036**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Eric E Maur**

Mailing Address 6209 Dwayne Starnes Dr

City State Zip Code  
Hickory NC 28602-8959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Attn 20-05

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642300**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Eric E Maur**

Mailing Address 6209 Dwayne Starnes Dr

City State Zip Code  
Hickory NC 28602-8959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Attn 20-05

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667500**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Eric E Maur**

Mailing Address 6209 Dwayne Starnes Dr

City State Zip Code  
Hickory NC 28602-8959

FEC ID number of contributing federal political committee.

C

Name of Employer

Attn 20-05

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : C1772044

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Thom A Mayer**Mailing Address 10306 Eaton Pl  
BestPractices Inc

City State Zip Code  
Fairfax VA 22030-2224

FEC ID number of contributing federal political committee.

C

Name of Employer

BestPractices Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

Transaction ID : C1655031

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Oliver Mayorga**

Mailing Address 32 Church St

City State Zip Code  
Mystic CT 06355-2739

FEC ID number of contributing federal political committee.

C

Name of Employer

Keesler Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2012

Transaction ID : C1772212

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2083.33

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. C L McArthur**

Mailing Address 11 Cardiff

City	State	Zip Code
Laguna Niguel	CA	92677-2936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Desert Regl Med CtrOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642336**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. C L McArthur**

Mailing Address 11 Cardiff

City	State	Zip Code
Laguna Niguel	CA	92677-2936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Desert Regl Med CtrOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2012

**Transaction ID : C1774513**

Amount of Each Receipt this Period

91.40

Full Name (Last, First, Middle Initial)

**C. Edward McCutcheon**

Mailing Address 4112 Bannockburn Pl

City	State	Zip Code
Charlotte	NC	28211-4521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEMAOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	24	/	2012

**Transaction ID : C1669383**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1341.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew John McDevitt**

Mailing Address 800 S Gaylord St

City

Denver

State

CO

Zip Code

80209-4632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carepoint PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 27 / 2012

Transaction ID : C1649213

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jonathon McGarry**

Mailing Address 102 E Lake Mead Pkwy  
St Rose Dominican Hosp

City

Henderson

State

NV

Zip Code

89015-5575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Rose Dominican Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dennis Lucas McGill**

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642302

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

433.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis Lucas McGill**

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2012

Transaction ID : C1667501

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Dennis Lucas McGill**

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2012

Transaction ID : C1772023

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Randi James McLeod**Mailing Address 1 Hospital Dr  
Evangelical Cmnty Hosp

City

Lewisburg

State

PA

Zip Code

17837-9350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evangelical Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		07		2012

Transaction ID : C1655032

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

416.66

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard S McMonigal**

Mailing Address 3610 45th St NE

City State Zip Code  
Tacoma WA 98422-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Auburn General Hosp Emergency Physician

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2012

**Transaction ID : C1772145**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Steven D Mehaffey**

Mailing Address 23749 Fletcher Isle

City State Zip Code  
Ponchatoula LA 70454-6833

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Total Wound Treatment Ctr Emergency Physician

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2012

**Transaction ID : C1666133**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Steven D Mehaffey**

Mailing Address 23749 Fletcher Isle

City State Zip Code  
Ponchatoula LA 70454-6833

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Total Wound Treatment Ctr Emergency Physician

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : C1663765**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Lawrence A Melniker**

Mailing Address 506 6th St

New York Meth Hosp

City

Brooklyn

State

NY

Zip Code

11215-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NY Methodist Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

Transaction ID : C1625982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David James Mendelson**

Mailing Address 4633 Post Oak Dr

City

Frisco

State

TX

Zip Code

75034-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

Transaction ID : C1642337

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jacob Mark Meredith III**

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

Transaction ID : C1642304

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

583.33

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jacob Mark Meredith III**

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669751

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Jacob Mark Meredith III**

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

Transaction ID : C1772009

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Anthony Joseph Midkiff**

Mailing Address 1773 Hidden Oak Trl

City

Mansfield

State

OH

Zip Code

44906-3560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mansfield Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1651309

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

416.66

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Erik Charles Miller**

Mailing Address 1744 Leisure Ln

City

Yakima

State

WA

Zip Code

98908-9224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667503**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Stephan Miller**

Mailing Address 3809 Ponderosa Ct

City

Rapid City

State

SD

Zip Code

57702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rapid City Emergency Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2012

**Transaction ID : C1774111**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David Scott Miner**

Mailing Address 2398 S Garfield St

City

Denver

State

CO

Zip Code

80210-5615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. D Scott Miner

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2012

**Transaction ID : C1649263**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel C Minior**

Mailing Address 3406 Belle Meade Dr NW

City  
Wilson

State  
NC

Zip Code  
27896-8676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nash Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2012

**Transaction ID : C1655029**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas R Mitchell**

Mailing Address 3370 Sweeney Hollow Rd

City  
Franklin

State  
TN

Zip Code  
37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 19 / 2012

**Transaction ID : C1644891**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Thomas R Mitchell**

Mailing Address 3370 Sweeney Hollow Rd

City  
Franklin

State  
TN

Zip Code  
37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

**Transaction ID : C1668414**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James C Mitchiner**

Mailing Address 1265 Barrister Rd

City

Ann Arbor

State

MI

Zip Code

48105-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EPMG, PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012

**Transaction ID : C1644886**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kevin Monfette**

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Joseph Mercy Oakland Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667439**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Joshua B Moskovitz**

Mailing Address 435 E 79th St

City

New York

State

NY

Zip Code

10075-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642306**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

1333.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joshua B Moskowitz**

Mailing Address 435 E 79th St

City  
New York

State Zip Code  
NY 10075-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp Emer Phys

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667502**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Joshua B Moskowitz**

Mailing Address 435 E 79th St

City  
New York

State Zip Code  
NY 10075-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp Emer Phys

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : C1772043**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John Bruce Moskow**

Mailing Address 2201 Plumbrook Dr

City  
Austin

State Zip Code  
TX 78746-6233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Svc Prtnrs La Costa Ctr

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2012

**Transaction ID : C1772134**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.66

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carla Elizabeth Murphy**

Mailing Address 1196 Preserve Cir

City  
GoldenState  
COZip Code  
80401-7045FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Svc Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2012

**Transaction ID : C1642718**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Scott B Murray**

Mailing Address 1 Sandy Way

City  
AyerState  
MAZip Code  
01432-1590FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Scott B Murray

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

**Transaction ID : C1651330**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Scott B Murray**

Mailing Address 1 Sandy Way

City  
AyerState  
MAZip Code  
01432-1590FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Scott B Murray

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2012

**Transaction ID : C1776210**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. J Brent Myers**

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 11 / 2012

Transaction ID : C1642258

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. J Brent Myers**

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663828

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. J Brent Myers**

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2012

Transaction ID : C1768680

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. John H Myers**

Mailing Address 7505 Primrose Dr

City State Zip Code  
 Irving TX 75063-8435

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Questcare Med Svcs

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

Transaction ID : C1656786

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael D Nauss**

Mailing Address 2759 Calloway Ct

City State Zip Code  
 Canton MI 48188-6307

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Univ of Cincinnati Hosp

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012

Transaction ID : C1642343

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Steven Nazario**

Mailing Address 7597 Saint Stephens Ct

City State Zip Code  
 Orlando FL 32835-6526

FEC ID number of contributing federal political committee.

C

Name of Employer  
 FL Emer Phys Kang & Assoc

Occupation  
 Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

Transaction ID : C1668400

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2300.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ira R Nemeth**

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642325**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Ira R Nemeth**

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

**Transaction ID : C1667504**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Ira R Nemeth**

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

**Transaction ID : C1772039**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

375.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia Nichols**

Mailing Address 911 Home Grove Dr

City

Winter Garden

State

FL

Zip Code

34787-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

**Transaction ID : C1668283**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey R Nickel**

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

04 / 17 / 2012

**Transaction ID : C1642286**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Jeffrey R Nickel**

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2012

**Transaction ID : C1667505**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City  
AngolaState  
INZip Code  
46703-8195FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2012

Transaction ID : C1772030

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Brian Nobie

Mailing Address 9712 Lake Hugh Dr

City  
GothaState  
FLZip Code  
34734-4629FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2012

Transaction ID : C1668284

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ashley Booth Norse

Mailing Address 655 W 8th St  
Shands Jacksonville EducCity  
JacksonvilleState  
FLZip Code  
32209-6511FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : C1669356

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.33

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ashley Booth Norse**

Mailing Address 655 W 8th St

Shands Jacksonville Educ

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	2

**Transaction ID : C1772040**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey G Norvell**

Mailing Address 5345 Norwood St

City

Fairway

State

KS

Zip Code

66205-2647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	2

**Transaction ID : C1654187**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ramon Nunez**

Mailing Address 7926 Saint Giles Pl

City

Orlando

State

FL

Zip Code

32835-7909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	2

**Transaction ID : C1668402**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Blake O'Brien**

Mailing Address 2820 Lincroft Ave

City

Orlando

State

FL

Zip Code

32814-6765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668393**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert E O'Connor**

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of VA Hlth Svc-Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642338**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lisa Marie O'Grady**

Mailing Address 1320 Webster St

City

Orlando

State

FL

Zip Code

32804-2855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668286**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian S Oliver**

Mailing Address 4165 S Bevwood Cir

City

Salt Lake Cty

State

UT

Zip Code

84124-3080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Brian S Oliver

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : C1772370**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Brian S Oliver**

Mailing Address 4165 S Bevwood Cir

City

Salt Lake Cty

State

UT

Zip Code

84124-3080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Brian S Oliver

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 29 / 2012

**Transaction ID : C1775413**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Chris Ott**

Mailing Address 1001 Ogden St

City

Denver

State

CO

Zip Code

80218-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Apex Emerg Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2012

**Transaction ID : C1632776**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sam L Paczkowski

Mailing Address 5832 Canyonwoods Dr

City State Zip Code  
 Billings MT 59106-9702

FEC ID number of contributing federal political committee.

C

Name of Employer

St Vincent Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 04 22 2012

Transaction ID : C1647428

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ernest Page II

Mailing Address 11030 Ullswater Ln

City State Zip Code  
 Windermere FL 34786-5411

FEC ID number of contributing federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 23 2012

Transaction ID : C1668404

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ketan Pandya

Mailing Address 13049 Water Point Blvd  
 Florida Hospital Kissimmee

City State Zip Code  
 Windermere FL 34786-5818

FEC ID number of contributing federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 23 2012

Transaction ID : C1668387

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Orlee Israeli Panitch**

Mailing Address 11753 Gainsborough Rd

City

Potomac

State

MD

Zip Code

20854-3247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shady Grove Adventist Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : C1655012**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. James Phillip Parker**

Mailing Address 555 W Webb Rd

City

Eagleville

State

TN

Zip Code

37060-4028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeastern Emerg Care PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 11 / 2012

**Transaction ID : C1765969**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Joshua R Parker**

Mailing Address 11412 Rancho Villa Verde Pl

City

Las Vegas

State

NV

Zip Code

89138-1594

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C1669371**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 120 OF 227  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Rebecca B Parker**

Mailing Address 423 Engel Blvd

City	State	Zip Code
Park Ridge	IL	60068-4456

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Rebecca B Parker

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

Transaction ID : C1642339

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Charles F Pattavina MD, FACEP**

Mailing Address 360 Broadway

City	State	Zip Code
Bangor	ME	04401

FEC ID number of contributing federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

Transaction ID : C1642315

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Charles F Pattavina MD, FACEP**

Mailing Address 360 Broadway

City	State	Zip Code
Bangor	ME	04401

FEC ID number of contributing federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2012

Transaction ID : C1667506

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles F Pattavina MD, FACEP**

Mailing Address 360 Broadway

City	State	Zip Code
Bangor	ME	04401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

**Transaction ID : C1772006**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Christine Mae Patton**

Mailing Address 111 Hibernia Dr

City	State	Zip Code
Harmony	PA	16037-8519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weirton Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2012

**Transaction ID : C1772139**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Lee E Payne**

Mailing Address 6323 Wilmington Dr

City	State	Zip Code
Burke	VA	22015-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642275**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

683.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee E Payne**

Mailing Address 6323 Wilmington Dr

City State Zip Code  
Burke VA 22015-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667507**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Lee E Payne**

Mailing Address 6323 Wilmington Dr

City State Zip Code  
Burke VA 22015-4070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : C1772022**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Bradley V Pearson**

Mailing Address 757 N Kalaheo Ave

City State Zip Code  
Kailua HI 96734-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S Army

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : C1642717**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

366.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bradley V Pearson**

Mailing Address 757 N Kalaheo Ave

City State Zip Code  
 Kailua HI 96734-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S Army

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : C1666329**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Vanessa C Peluso**

Mailing Address 1768 Elizabeths Walk

City State Zip Code  
 Winter Park FL 32789-5948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

**Transaction ID : C1668410**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David J Pillow Jr**

Mailing Address 5332 Wateka Dr

City State Zip Code  
 Dallas TX 75209-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

**Transaction ID : C1658280**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. George Podgorny**

Mailing Address 2115 Georgia Ave

City

Winston Salem

State

NC

Zip Code

27104-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moses H Cone Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 05 / 2012

Transaction ID : C1625951

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. W Randall Poole**

Mailing Address 1110 SW Ivanhoe Blvd

City

Orlando

State

FL

Zip Code

32804-6370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2012

Transaction ID : C1668391

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2012

Transaction ID : C1642274

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

1583.33

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 227

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City  
LancasterState  
PAZip Code  
17601-5193FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2012

Transaction ID : C1667508

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Ericka Powell**

Mailing Address 384 Spring Haven Dr

City  
LancasterState  
PAZip Code  
17601-5193FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2012

Transaction ID : C1772041

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Sanjay K Premakumar**

Mailing Address 1406 Shepherd St

City  
DurhamState  
NCZip Code  
27707-1649FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2012

Transaction ID : C1642238

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

266.66

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sanjay K Premakumar**

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	15	/	2012

**Transaction ID : C1663811**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sanjay K Premakumar**

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2012

**Transaction ID : C1768669**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. John Hannon Proctor**

Mailing Address 5004 Bentgrass Ct

City

Franklin

State

TN

Zip Code

37069-7254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2012

**Transaction ID : C1634258**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Karen Agape Quaday**

Mailing Address 640 Jackson St

Regions Hosp ED

City

Saint Paul

State

MN

Zip Code

55101-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regions Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : C1651320**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John M Quinn**

Mailing Address 13702 Keneva Dr

City

Cypress

State

TX

Zip Code

77429-4870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kingwood Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : C1655007**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Alexandr Rafailov**

Mailing Address 9 Fieldstone Rd

City

Stamford

State

CT

Zip Code

06902-2575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Stamford Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C1669380**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mohan Rajaratnam**

Mailing Address 4703 Shady Knoll Ave NW

City  
Massillon

State Zip Code  
OH 44646-9516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stark County Emergency Physicians

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2012

Transaction ID : C1774732

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Laura D Rau**

Mailing Address 41 N Anguilla Rd

City  
N Stonington

State Zip Code  
CT 06359-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brown Med Schl

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

Transaction ID : C1669365

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gordon Dean Reed**

Mailing Address 10 Oakknoll Cir

City  
Newark

State Zip Code  
DE 19711-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DFES

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2012

Transaction ID : C1644925

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Joseph Reed**

Mailing Address 2917 Hybart St

City

Fayetteville

State

NC

Zip Code

28303-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cape Fear Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2012

**Transaction ID : C1772279**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lars Hans Reinhart**

Mailing Address 21942 Short Bow Ct

City

California

State

MD

Zip Code

20619-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McLeod Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1668275**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gonzalo Reyes**

Mailing Address 202 Laramie Dr

City

San Antonio

State

TX

Zip Code

78209-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642205**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cheryl S Reynolds**

Mailing Address 996 Oakpoint Cir

City

Apopka

State

FL

Zip Code

32712-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

**Transaction ID : C1668287**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Matthew M Rice**

Mailing Address 8320 Goodman Dr NW

City

Gig Harbor

State

WA

Zip Code

98332-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2012

**Transaction ID : C1644909**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Allen L Roberts**

Mailing Address 9125 Benview Ct

City

Fort Worth

State

TX

Zip Code

76126-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMC Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 23 / 2012

**Transaction ID : C1669807**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sam S Roberts III**

Mailing Address 6300 La Calma Dr

Emer Svc Partners LP

City

Austin

State

TX

Zip Code

78752-3825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emer Svc Partners LP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : C1651315**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Laura M Robinson**

Mailing Address 15025 S 39th Pl

City

Phoenix

State

AZ

Zip Code

85044-6636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Laura M Robinson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

**Transaction ID : C1625995**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Laura M Robinson**

Mailing Address 15025 S 39th Pl

City

Phoenix

State

AZ

Zip Code

85044-6636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Laura M Robinson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : C1649271**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Dean Robinson**

Mailing Address 3913 Regency Dr

City

Deer Park

State

TX

Zip Code

77536-6190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of TX at Houston

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

**Transaction ID : C1673290**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Maritza Rodriguez**

Mailing Address 2336 Kettle Dr

City

Orlando

State

FL

Zip Code

32835-8129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	2

**Transaction ID : C1668285**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Monica Rodriguez-De Jesus**

Mailing Address 140 Warsteiner Way

City

Melbourne Bch

State

FL

Zip Code

32951-3981

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Puerto Rico

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

**Transaction ID : C1774467**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fred P Romano**

Mailing Address 4516 Tuscana Dr

City

Sarasota

State

FL

Zip Code

34241-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1656814

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David William Ross**

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard Scott Ross**

Mailing Address 8242 Summerfeldt Rd

City

Saginaw

State

MI

Zip Code

48609-9647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant HlthCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1655030

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia A Ryan**

Mailing Address 7040 E Soyaluna Pl

City

Tucson

State

AZ

Zip Code

85715-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Tucson Emerg Phy

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	17	/	2012

**Transaction ID : C1642212**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Ian Sack**

Mailing Address 1550 N VIEW DR

City

Miami Beach

State

FL

Zip Code

33140-4250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2012

**Transaction ID : C1642720**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. David Ian Sack**

Mailing Address 1550 N VIEW DR

City

Miami Beach

State

FL

Zip Code

33140-4250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	23	/	2012

**Transaction ID : C1647392**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

900.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Morton Elliot Salomon**

Mailing Address 125 Haviland Rd

City

Stamford

State

CT

Zip Code

06903-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Vincents Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

**Transaction ID : C1757423**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tracy G Sanson**

Mailing Address 812 Lorena Rd

City

Lutz

State

FL

Zip Code

33548-4589

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEAMHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642342**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Marc Santambrosio**

Mailing Address 7965 S Park Pl

City

Orlando

State

FL

Zip Code

32819-4885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

**Transaction ID : C1668288**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David D Sarkarati**

Mailing Address 415 E Pine St

City

Orlando

State

FL

Zip Code

32801-6623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668407

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Regis J Schladenhaufen**

Mailing Address 1394 Gabriel Ln

City

Warwick

State

PA

Zip Code

18974-6179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 06 / 2012

Transaction ID : C1625992

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Regis J Schladenhaufen**

Mailing Address 1394 Gabriel Ln

City

Warwick

State

PA

Zip Code

18974-6179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 26 / 2012

Transaction ID : C1649321

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1225.00



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 227

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nathaniel R Schlicher**

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642328**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Chet D Schrader**

Mailing Address 944 Gibbs Xing

City

Coppell

State

TX

Zip Code

75019-7379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WA Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2012

**Transaction ID : C1625998**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Chet D Schrader**

Mailing Address 944 Gibbs Xing

City

Coppell

State

TX

Zip Code

75019-7379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WA Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

**Transaction ID : C1654638**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chet D Schrader**

Mailing Address 944 Gibbs Xing

City

Coppell

State

TX

Zip Code

75019-7379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WA Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 07 / 2012

Transaction ID : C1757459

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Regan Andre Schwartz**

Mailing Address 2446 Westminster Ter

City

Oviedo

State

FL

Zip Code

32765-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668399

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John D Seidner**

Mailing Address 15 Langford Rd

City

Candia

State

NH

Zip Code

03034-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elliot Health System

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

608.33

Date of Receipt

04 / 19 / 2012

Transaction ID : C1647382

Amount of Each Receipt this Period

608.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1658.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory L Shangold**

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642366**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Gregory L Shangold**

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667509**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Gregory L Shangold**

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : C1772034**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul M Sheehan**

Mailing Address 4923 Elm St

City State Zip Code  
 Bellaire TX 77401-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : C167893**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Jordan Robert Ship**

Mailing Address PO Box 529

City State Zip Code  
 Walpole MA 02081-0529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

S Shore Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : C1673243**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Joshua H Short**

Mailing Address 36 Auburndale Dr

City State Zip Code  
 Asheville NC 28806-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of KY - Lexington

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : C1651312**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul R Sierzenski**

Mailing Address 104 Ascot Ct

Clairborne Estates

City

State

Zip Code

Bear

DE

19701-2364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Doctors Emer Svcs PA

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

**Transaction ID : C1625978**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Rhett Silver**

Mailing Address 1 E Delaware Pl

City

State

Zip Code

Chicago

IL

60611-4982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Emer Med Phys

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C1669384**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**c. Weylin Sing**

Mailing Address 11347 Ledger Ln

City

State

Zip Code

Windermere

FL

34786-6413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

FL Emer Phys Kang & Assoc

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2012

**Transaction ID : C1668289**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deepika Singh**

Mailing Address 609 Richardson Rd

City  
Rochester

State  
NY

Zip Code  
14623-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown Medical Sch

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1669372

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Siva Sivanesan**

Mailing Address 765 Bear Creek Cir

City  
Winter Spgs

State  
FL

Zip Code  
32708-3892

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1668406

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Todd Slesinger**

Mailing Address 427 Daub Ave

City  
Hewlett

State  
NY

Zip Code  
11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1642314

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Todd Slesinger**

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 22 / 2012

**Transaction ID : C1667510**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Todd Slesinger**

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2012

**Transaction ID : C1772035**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Virgil W Smaltz**

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.66

Date of Receipt

05 / 22 / 2012

**Transaction ID : C1667446**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

283.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Virgil W Smaltz**

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.66

Date of Receipt

06 / 08 / 2012

**Transaction ID : C1767802**

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

**B. Virgil W Smaltz**

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.66

Date of Receipt

06 / 15 / 2012

**Transaction ID : C1772056**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Virgil W Smaltz**

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.66

Date of Receipt

06 / 29 / 2012

**Transaction ID : C1776096**

Amount of Each Receipt this Period

8.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

99.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sullivan K Smith**

Mailing Address 1 Medical Center Blvd

City

Cookeville

State

TN

Zip Code

38501-4294

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1666197

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sullivan K Smith**

Mailing Address 1 Medical Center Blvd

City

Cookeville

State

TN

Zip Code

38501-4294

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667424

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Roger L Smoke**

Mailing Address PO Box 584

City

New York

State

NY

Zip Code

10025-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Renaissance Healthcare Network

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2012

Transaction ID : C1633290

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Aaron M Snyder**

Mailing Address 9925 Silver Brook Dr

City State Zip Code  
 Rockville MD 20850-3653

FEC ID number of contributing federal political committee.

C

Name of Employer

Montgomery Emerg Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 07 / 2012

Transaction ID : C1655017

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Peter Erik Sokolove**

Mailing Address 3889 Exmoor Cir

City State Zip Code  
 Sacramento CA 95864-5904

FEC ID number of contributing federal political committee.

C

Name of Employer

Univ of CA - Davis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 15 / 2012

Transaction ID : C1772005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert C Solomon**

Mailing Address 108 Saddle Ridge Dr

City State Zip Code  
 Oakdale PA 15071-3726

FEC ID number of contributing federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 17 / 2012

Transaction ID : C1642281

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

2333.33

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert C Solomon**

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

05 / 22 / 2012

**Transaction ID : C1667511**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Robert C Solomon**

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2012

**Transaction ID : C1772017**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. David G Srou**

Mailing Address 10303 Coniston Ct

City

Potomac

State

MD

Zip Code

20854-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Edge PSR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 07 / 2012

**Transaction ID : C1655019**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2166.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City

Lexington

State

KY

Zip Code

40513-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MESA

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

Transaction ID : C1642313

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City

Lexington

State

KY

Zip Code

40513-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MESA

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

Transaction ID : C1667513

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City

Lexington

State

KY

Zip Code

40513-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MESA

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

Transaction ID : C1772046

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary C Starr**

Mailing Address 5012 Russell Ave S

City State Zip Code  
 Minneapolis MN 55410-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EPPA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 18 / 2012

**Transaction ID : C1664389**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Eric William Stern**

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City State Zip Code  
 Temple TX 76508-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : C1787816**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Eric William Stern**

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City State Zip Code  
 Temple TX 76508-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : C1787815**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Eric William Stern**

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City State Zip Code  
 Temple TX 76508-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2012

**Transaction ID : C1776381**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Lawrence M Stock**

Mailing Address 20540 Pacific Coast Hwy

City State Zip Code  
 Malibu CA 90265-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Antelope Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2012

**Transaction ID : C1670242**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Michael Stratemeier**

Mailing Address 7 Mulberry Ct

City State Zip Code  
 Holtsville NY 11742-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Huntington Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : C1765974**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas Jerome Sugarman**

Mailing Address 1563 Solano Ave

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sutter Delta Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1091.40

Date of Receipt

06 / 27 / 2012

Transaction ID : C1774852

Amount of Each Receipt this Period

91.40

Full Name (Last, First, Middle Initial)

**B. Thomas Jerome Sugarman**

Mailing Address 1563 Solano Ave

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sutter Delta Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1091.40

Date of Receipt

06 / 27 / 2012

Transaction ID : C1776095

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Robert Louis Sweeney**

Mailing Address Jersey Shore Med Ctr  
1945 Route 33

City

Neptune

State

NJ

Zip Code

07753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jersey Shore Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1669777

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1591.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Terence J Sweeney**

Mailing Address 925 Carolyn Ave

City

Modesto

State

CA

Zip Code

95350-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Medical Center ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.40

Date of Receipt

06 / 08 / 2012

**Transaction ID : C1767787**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Terence J Sweeney**

Mailing Address 925 Carolyn Ave

City

Modesto

State

CA

Zip Code

95350-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Medical Center ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.40

Date of Receipt

06 / 18 / 2012

**Transaction ID : C1771994**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Terence J Sweeney**

Mailing Address 925 Carolyn Ave

City

Modesto

State

CA

Zip Code

95350-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Medical Center ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.40

Date of Receipt

06 / 27 / 2012

**Transaction ID : C1774530**

Amount of Each Receipt this Period

91.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

316.40



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary William Tamkin**

Mailing Address 4 Valley High

City

Lafayette

State

CA

Zip Code

94549-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Med Ctr Merced, ED Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2012

**Transaction ID : C1776110**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Douglas N Tannas**

Mailing Address 6339 Red Fox Rd

City

Pendleton

State

IN

Zip Code

46064-8732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMGI

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2012

**Transaction ID : C1632779**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Scott Thomas**

Mailing Address 489 State St

Eastern Maine Med Ctr ED

City

Bangor

State

ME

Zip Code

04401-6616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Maine Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2012

**Transaction ID : C1775264**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey B Thompson**

Mailing Address PO Box 12779

City

Beaumont

State

TX

Zip Code

77726-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meml Herman Baptist Beaumont

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	2

**Transaction ID : C1666376**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Bryce Tiller**

Mailing Address 917 1st St N

City

Jax Bch

State

FL

Zip Code

32250-9106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meml Hosp Jacksonville

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

**Transaction ID : C1775411**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mario Elizabeth Trabulsy**

Mailing Address 1086 Braeloch Rd

City

Colchester

State

VT

Zip Code

05446-7478

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Mario Elizabeth Trabulsy

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	2

**Transaction ID : C1672797**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

950.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 227  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David N Trickey**

Mailing Address 3612 Ben Hogan Ln

City State Zip Code  
 Billings MT 59106-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Martin Army Cmnty Hosp Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 11 2012

**Transaction ID : C1765968**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeremy David Tucker**

Mailing Address 23959 Meredith Ct

City State Zip Code  
 Hollywood MD 20636-2172

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Medical Emergency Professionals Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 23 2012

**Transaction ID : C1644553**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Joseph Adrian Tyndall**

Mailing Address PO Box 10186  
 Univ of FL - Dept of EM

City State Zip Code  
 Gainesville FL 32610-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Univ of FL - Dept of EM Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 17 2012

**Transaction ID : C1642285**

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1333.33

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kurt Edward Urban**

Mailing Address 204 E Hall St

City

Savannah

State

GA

Zip Code

31401-5752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Emergency Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2012

**Transaction ID : C1655027**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Vincent G Valente**

Mailing Address 2220 Via Tuscany

City

Winter Park

State

FL

Zip Code

32789-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : C1668396**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Philip C Van Dongen**

Mailing Address 148 Gov Eden House Road

City

Merry Hill

State

NC

Zip Code

27957-9444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Philip C Van Dongen

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : C1775416**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Neil Wang**

Mailing Address 255 N Sierra St

City State Zip Code  
 Reno NV 89501-1368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Neil Wang

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2012

**Transaction ID : C1774768**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Matthew J Watson**

Mailing Address 1280 Longpointe Pass

City State Zip Code  
 Alpharetta GA 30005-2284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northside Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012

**Transaction ID : C1667440**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael L Weaver**

Mailing Address 4505 Headwood Dr

City State Zip Code  
 Kansas City MO 64111-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : C1642733**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. L K Webb**

Mailing Address 3948 3rd St S

City

State

Zip Code

Jax Bch

FL

32250-5847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Univ of FL

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2012

**Transaction ID : C1642310**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. L K Webb**

Mailing Address 3948 3rd St S

City

State

Zip Code

Jax Bch

FL

32250-5847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Univ of FL

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

**Transaction ID : C1667434**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. L K Webb**

Mailing Address 3948 3rd St S

City

State

Zip Code

Jax Bch

FL

32250-5847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Univ of FL

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2012

**Transaction ID : C1772042**

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

252.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin John Weber**

Mailing Address 3 Encino Pl

City State Zip Code  
Pueblo CO 81005-2948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCES

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : C1651326**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Alan L Weiner**

Mailing Address 217 Chesterwood Ter

City State Zip Code  
Southington CT 06489-1368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Alan L Weiner

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C1669379**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ian R Welsh**

Mailing Address 1027 Gardenia St

City State Zip Code  
Fort Mill SC 29708-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OUCOM/Doctors Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : C1669362**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Preston Wendell**

Mailing Address 925 Royall Ave

City

Mt Pleasant

State

SC

Zip Code

29464-5037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Hlth Richland Meml

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : C1642643**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David E Wilcox**

Mailing Address 8 Aspen Dr

City

S Glastonbury

State

CT

Zip Code

06073-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. David E Wilcox

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : C1667423**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David Wirtz**

Mailing Address 1 Highgate NE

City

Ithaca

State

NY

Zip Code

14850-1483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2012

**Transaction ID : C1649288**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alfred L Woodard**

Mailing Address 222 Winship Dr

City

Leesburg

State

GA

Zip Code

31763-5343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	2

**Transaction ID : C1663792**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gary Newman Yee**

Mailing Address 15611 Oyster Cove Dr

City

Sugar Land

State

TX

Zip Code

77478-3364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GHEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

**Transaction ID : C1774468**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mark Zeitzer**

Mailing Address 8127 SW 54th Ave

City

Portland

State

OR

Zip Code

97219-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	2

**Transaction ID : C1649290**

Amount of Each Receipt this Period

41.60

**SUBTOTAL** of Receipts This Page (optional)..... ►

541.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark Zeitzer**

Mailing Address 8127 SW 54th Ave

City

Portland

State

OR

Zip Code

97219-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2012

**Transaction ID : C1757411**

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

**B. Gary David Zimmer**

Mailing Address 1201 Langhorne Newtown Rd  
St Marys Med Ctr

City

Langhorne

State

PA

Zip Code

19047-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Marys Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2012

**Transaction ID : C1642647**

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

42.60

**TOTAL** This Period (last page this line number only)..... ►

187170.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 227  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SMITH BARNEY**

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
 Washington DC 20036-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

Transaction ID : C1667437

Amount of Each Receipt this Period

37.85

Full Name (Last, First, Middle Initial)

**B. SMITH BARNEY**

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
 Washington DC 20036-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

Transaction ID : C1766483

Amount of Each Receipt this Period

633.15

Full Name (Last, First, Middle Initial)

**C. SMITH BARNEY**

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
 Washington DC 20036-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

Transaction ID : C1786173

Amount of Each Receipt this Period

0.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

671.42

**TOTAL** This Period (last page this line number only)..... ►

671.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Snowe For Senate**

Mailing Address P.O. Box 2006

City State Zip Code  
Portland ME 04104

FEC ID number of contributing  
federal political committee.

**C** C00291955

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**05** / **08** / **2012**

**Transaction ID : C1656754**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. WALLY HERGER FOR CONGRESS COMMITTEE**

Mailing Address PO Box 1007

City State Zip Code  
Willows CA 95988

FEC ID number of contributing  
federal political committee.

**C** C00202523

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**05** / **08** / **2012**

**Transaction ID : C1656755**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

4500.00





**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Benishek for Congress**

Mailing Address 802 Pentoga Trail

City	State	Zip Code
Crystal Falls	MI	49920

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

**Transaction ID : D129098**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Bera for Congress**

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 07

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134228**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Berg for Senate**

Mailing Address PO Box 9394

City	State	Zip Code
Fargo	ND	58106

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rick Berg**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: ND	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2012

**Transaction ID : D127340**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bill Cassidy for US Congress**Mailing Address 8550 United Plaza Blvd  
Suite 1001

City Baton Rouge State LA Zip Code 70809-2256

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Bill Cassidy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127965**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy for US Congress**Mailing Address 8550 United Plaza Blvd  
Suite 1001

City Baton Rouge State LA Zip Code 70809-2256

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Bill Cassidy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134213**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bill Owens for Congress**

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901-0286

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127959**

Amount of Each Disbursement this Period

0.00
------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bill Owens for Congress**

Mailing Address PO Box 1575

City Plattsburgh	State NY	Zip Code 12901-0286
---------------------	-------------	------------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127756**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Blue Dog PAC**Mailing Address 412 First Street, SE  
Suite 100

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129106**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City THE WOODLANDS	State TX	Zip Code 77387
-----------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Kevin Brady**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128123**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cantor For Congress**

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Eric I. Cantor**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127957**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Carmona for Arizona**Mailing Address 1010 Vermont Avenue, NW  
Suite 814

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Dr Richard Carmona**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134235**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr MD For Congress Inc**

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mr. Charles Boustany**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134219**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 171 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr MD For Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

**Transaction ID : D127758**Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mr. Charles Boustany**Category/  
Type

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

**B. CHC Bold PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Mailing Address 1831 Bay Street, SE

City	State	Zip Code
Washington	DC	20003

**Transaction ID : D134222**Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Amount of Each Disbursement this Period

2000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual contribution

State: District:

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Michelle Lujan Grisham**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Mailing Address 2015 Dietz Place, NW

City	State	Zip Code
Albuquerque	NM	87107

**Transaction ID : D134232**Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
Type

Amount of Each Disbursement this Period

2500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NM District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Michelle Lujan Grisham**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address 2015 Dietz Place, NW

City	State	Zip Code
Albuquerque	NM	87107

**Transaction ID : D127767**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2500.00

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 01

Full Name (Last, First, Middle Initial)

**B. Congressman Waxman Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address 6380 Wilshire Blvd. #1612

City	State	Zip Code
Los Angeles	CA	90048

**Transaction ID : D129100**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1500.00

**Rep. Henry A. Waxman**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 30

Full Name (Last, First, Middle Initial)

**C. DEMOCRATS UNITED TO CHANGE AND HOPE PAC (DUTCH PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address 499 S. Capitol Street, SW  
Suite 404

City	State	Zip Code
Washington	DC	20003

**Transaction ID : D127772**Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Annual contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 173 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Denny Heck for Congress**

Mailing Address PO Box 235

City Olympia	State WA	Zip Code 98507-0235
-----------------	-------------	------------------------

Purpose of Disbursement  
Contribution for Federal Candidates

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2012

**Transaction ID : D134510**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Dewhurst for Texas**

Mailing Address P.O. Box 2667

City Austin	State TX	Zip Code 78768
----------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: TX District:

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134231**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Dewhurst for Texas**

Mailing Address P.O. Box 2667

City Austin	State TX	Zip Code 78768
----------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2012

**Transaction ID : D127872**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Diana Degette For Congress Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

**Transaction ID : D134482**Purpose of Disbursement  
VOID CK 7921 6/27/12

Amount of Each Disbursement this Period

-1000.00
----------

Candidate Name

**Rep. Diana DeGette**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

VOID CK 7921 6/27/12

Full Name (Last, First, Middle Initial)

**B. Diane Black for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066-1437

**Transaction ID : D134210**Purpose of Disbursement  
Contributions for Federal Candidates

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Diane Black**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 06

Full Name (Last, First, Middle Initial)

**C. DIRIGO PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address PO Box 1355

City	State	Zip Code
Alexandria	VA	22313

**Transaction ID : D127964**Purpose of Disbursement  
Contributions for Federal PACs/Committees

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Annual contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DOC PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

Mailing Address 337 S. Milledge Avenue Ste. 101

City	State	Zip Code
Athens	GA	30605

**Transaction ID : D127347**Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

annual PAC contribut

State:

District:

Full Name (Last, First, Middle Initial)

**B. Duncan for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

Mailing Address PO Box 732

City	State	Zip Code
Clinton	SC	29325

**Transaction ID : D133894**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC

District: 03

Full Name (Last, First, Middle Initial)

**C. DUTCH RUPPERSBERGER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2012

Mailing Address 499 S Capitol St SW  
Ste 404

City	State	Zip Code
Washington	DC	20003-4004

**Transaction ID : D133724**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00

**Rep. C.A. Ruppertsberger**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MD

District: 02

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eye of the Tiger PAC**

Mailing Address 213 Ashby Street

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : D133720**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Fitzpatrick For Congress**

Mailing Address P.O. Box 185

City	State	Zip Code
Langhorne	PA	19047

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mr. Michael Fitzpatrick**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

**Transaction ID : D127969**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Bennie Thompson**Mailing Address 236 Massachusetts Ave NE  
Ste 603

City	State	Zip Code
Washington	DC	20002-4971

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Bennie G. Thompson**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133896**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Bennie Thompson**Mailing Address 236 Massachusetts Ave NE  
Ste 603

City Washington State DC Zip Code 20002-4971

Purpose of Disbursement  
VOID CK 7439 6/27/12

Candidate Name

**Rep. Bennie G. Thompson**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

**Transaction ID : D134471**

Amount of Each Disbursement this Period

-2500.00
----------

VOID CK 7439 6/27/12

Full Name (Last, First, Middle Initial)

**B. Friends Of Bill Posey**

Mailing Address 1824 South Fiske Boulevard

City Rockledge State FL Zip Code 32955

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mr. Bill Posey**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

**Transaction ID : D133888**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF GLENN THOMPSON**

Mailing Address P.O. Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Glenn Thompson**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134221**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Joe Pitts**

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Joseph R. Pitts**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2012

**Transaction ID : D127345**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Nan Hayworth**

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**NAN HAYWORTH**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134220**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Scott DesJarlais**

Mailing Address 3697 Main Street

City	State	Zip Code
Jasper	TN	37347

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134216**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Scott DesJarlais**

Mailing Address 3697 Main Street

City	State	Zip Code
Jasper	TN	37347

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TN	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128126**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gillibrand for Senate**Mailing Address 236 Massachusetts Ave., NE  
Suite 110

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128119**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mr. Steven Guthrie**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: KY	District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127970**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

# National Emergency Medicine Political Action Committee

3000.00

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Huffman for Congress 2012**

Mailing Address P.O. BOX 151563

City SAN RAFAEL	State CA	Zip Code 94915
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Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**JARED MR. HUFFMAN**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134230**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. IMPACT**Mailing Address 220 I St NE  
Ste 250

City Washington	State DC	Zip Code 20002-4693
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Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127761**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. JOEPAC**

Mailing Address 601 S Broad Street

City Lititz	State PA	Zip Code 17543
----------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127971**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John D. Dingell For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address PO Box 75214

City	State	Zip Code
Washington	DC	20013

**Transaction ID : D127972**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. John D. Dingell**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 15

2500.00

Full Name (Last, First, Middle Initial)

**B. John D. Dingell For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Mailing Address PO Box 75214

City	State	Zip Code
Washington	DC	20013

**Transaction ID : D128133**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. John D. Dingell**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 15

2500.00

Full Name (Last, First, Middle Initial)

**C. John S Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Mailing Address PO Box 853

City	State	Zip Code
Edwardsville	IL	62025

**Transaction ID : D128121**Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribuion

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jotte for Congress**

Mailing Address 120 Orchard Ave

City	State	Zip Code
Saint Louis	MO	63119-2510

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MO	District: 02

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129110**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Kinzinger for Congress**

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 11

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2012

**Transaction ID : D133719**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Kirk For Senate**

Mailing Address P.O. BOX 8

City	State	Zip Code
WINNETKA	IL	60093

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. MARK STEVEN Steven KIRK**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128131**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader For Congress**

Mailing Address 205 N Main St.

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
VOID CK 7524 6/27/12

Candidate Name

**Mr. Kurt Schrader**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

**Transaction ID : D134472**

Amount of Each Disbursement this Period

-2500.00
----------

VOID CK 7524 6/27/12

Full Name (Last, First, Middle Initial)

**B. LANCE FOR CONGRESS**

Mailing Address 370 Tall Tree Ct

City	State	Zip Code
Jackson	NJ	08527-3158

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Leonard Lance**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2012

**Transaction ID : D127339**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LANCE FOR CONGRESS**

Mailing Address 370 Tall Tree Ct

City	State	Zip Code
Jackson	NJ	08527-3158

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Leonard Lance**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

**Transaction ID : D129091**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Landry for Louisiana**

Mailing Address PO Box 13816

City	State	Zip Code
New Iberia	LA	70562

Purpose of Disbursement  
VOID CK 7596 6/27/12

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: LA	District: 03

Disbursement For: 2010
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
VOID CK 7596 6/27/12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

**Transaction ID : D134473**

Amount of Each Disbursement this Period

-2500.00
----------

VOID CK 7596 6/27/12

Full Name (Last, First, Middle Initial)

**B. Langevin For Congress**

Mailing Address 181-A Knight St

City	State	Zip Code
Warwick	RI	02886

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Mr. James Langevin**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: RI	District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127968**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. LATHAM FOR CONGRESS**

Mailing Address 217 3rd St SE

City	State	Zip Code
Washington	DC	20003-1904

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Tom Latham**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IA	District: 04

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128128**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LATHAM FOR CONGRESS**

Mailing Address 217 3rd St SE

City  
WashingtonState  
DCZip Code  
20003-1904Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Tom Latham**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134212**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Latourette For Congress Committee**

Mailing Address 320 Kenarden Dr.

City  
Highland Hts.State  
OHZip Code  
44143Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Steven C. LaTourette**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133884**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. LEGPAC**

Mailing Address 38 Ivy Street

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

**Sen. Benjamin Cardin**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: MD District: 00

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

**Transaction ID : D127771**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lincoln PAC**Mailing Address c/o Caryn Eggeraat  
209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127954**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Linda Lingle Senate Committee**Mailing Address 1020 N. Fairfax Street  
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134234**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins for Congress**

Mailing Address 4011 SW 21st

City Topeka State KS Zip Code 66604

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Lynn Jenkins**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134211**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Majority Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address ATTN: RNC Finance Division  
310 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions to National Party Committees

011

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

**Transaction ID : D127753**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. Markey Committee, The**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

Category/  
Type**Rep. Edward J. Markey**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

**Transaction ID : D128763**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

Category/  
Type**Rep. Marsha Blackburn**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

**Transaction ID : D129088**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MARSHA BLACKBURN FOR CONGRESS INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

**Transaction ID : D127773**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Marsha Blackburn**Category/  
Type

1500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Mailing Address PO BOX 1174

City	State	Zip Code
SPRINGFIELD	VA	22151

**Transaction ID : D128136**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Martin Heinrich**Category/  
Type

2500.00

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District:

Full Name (Last, First, Middle Initial)

**C. McKinley for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address P.O. Box 6861

City	State	Zip Code
Wheeling	WV	26003

**Transaction ID : D129105**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

# National Emergency Medicine Political Action Committee

Category/  
Type

1500.00

Category/  
TypeCategory/  
Type

5000.00

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 191 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129104**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ohio's Future PAC**

Mailing Address 900 19th Street, NW

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
VOID CK 7723 6/27/12

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

VOID CK 7723 6/27/12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

**Transaction ID : D134478**

Amount of Each Disbursement this Period

-1500.00
----------

VOID CK 7723 6/27/12

Full Name (Last, First, Middle Initial)

**C. Olson for Congress Committee**

Mailing Address PO Box 16381

City  
Sugar LandState  
TXZip Code  
77496Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Pete Olson**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134224**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 192 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ORRINPAC**

Mailing Address 175 S. WEST TEMPLE SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127757**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Paige Kreegel for Congress**

Mailing Address PO Box 62331

City	State	Zip Code
Fort Myers	FL	33906

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Dr Paige Kreegel**

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129097**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Paige Kreegel for Congress**

Mailing Address PO Box 62331

City	State	Zip Code
Fort Myers	FL	33906

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Dr Paige Kreegel**

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129129**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

# National Emergency Medicine Political Action Committee

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People for Enterprise/Trade/Econ Growth**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

**Transaction ID : D127966**Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

Annual contribution

State:

District:

Full Name (Last, First, Middle Initial)

**B. PRESERVING AMERICA'S TRADITIONS (PATPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
TAMPA	FL	33606

**Transaction ID : D127953**Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2500.00

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

annual contribution

State:

District:

Full Name (Last, First, Middle Initial)

**C. Renacci for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2012

Mailing Address 2729 - B  
Fulton Drive NW

City	State	Zip Code
Canton	OH	44718

**Transaction ID : D133715**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 16

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

# National Emergency Medicine Political Action Committee

## A. ANN MARIE BUERKLE FOR CONGRESS

011

Rep. Ann Marie Buerkle

Category/  
Type☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

## B. BEN CHANDLER FOR CONGRESS

010

Rep. Ben Chandler

Category/  
Type☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 06

### C. BILL JOHNSON FOR CONGRESS COMMITTEE

011

Rep. Bill Johnson

Category/  
Type

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 06

**SUBTOTAL** of Disbursements This Page (optional).....

7000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 196 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILLY LONG FOR CONGRESS**

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Billy Long**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127962**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BILLY LONG FOR CONGRESS**

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Billy Long**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134223**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. BOBBY SCHILLING FOR CONGRESS**

Mailing Address 367 Avenue of The Cities Suite D

City East Moline	State IL	Zip Code 61244
---------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Bobby Schilling**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

**Transaction ID : D127338**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 197 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BRIAN BILBRAY FOR CONGRESS**

Mailing Address 991C Lomas Santa Fe Drive

City	State	Zip Code
Solana Beach	CA	92075

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Brian P. Bilbray**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133890**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BRIAN BILBRAY FOR CONGRESS**

Mailing Address 991C Lomas Santa Fe Drive

City	State	Zip Code
Solana Beach	CA	92075

Purpose of Disbursement  
VOID CK 7748 6/27/12

Candidate Name

**Rep. Brian P. Bilbray**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

**Transaction ID : D134476**

Amount of Each Disbursement this Period

-1000.00
----------

VOID CK 7748 6/27/12

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CAROLYN MCCARTHY**

Mailing Address 151 Linden Road

City	State	Zip Code
Mineola	NY	11501

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Carolyn McCarthy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134217**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Cathy McMorris Rodgers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA	District: 05	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133891**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Cathy McMorris Rodgers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA	District: 05	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

**Transaction ID : D127759**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CLIFF STEARNS**

Mailing Address PO BOX 308

City	State	Zip Code
SILVER SPRINGS	FL	34489

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Cliff Stearns**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL	District: 06	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133883**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 199 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GARDNER FOR CONGRESS**

Mailing Address PO Box 2408

City	State	Zip Code
Loveland	CO	80539

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Cory Gardner**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134226**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DAVE CAMP FOR CONGRESS**Mailing Address 20 F St NW  
Ste 500

City	State	Zip Code
Washington	DC	20001-6703

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Dave Camp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

**Transaction ID : D128122**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVE REICHERT**

Mailing Address P. O. Box 53322

City	State	Zip Code
Bellevue	WA	98015

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Dave Reichert**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133881**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 200 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SCHWEIKERT FOR CONGRESS**

Mailing Address 8776 E SHEA BLVD, SUITE B3A-626

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. David Schweikert**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AZ	District: 05	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2012

**Transaction ID : D128764**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. LAMBORN FOR CONGRESS**

Mailing Address P.O. BOX 64107

City	State	Zip Code
COLORADO SPRINGS	CO	80962

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Doug Lamborn**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CO	District: 05	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2012

**Transaction ID : D134512**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Earl Blumenauer**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OR	District: 03	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2012

**Transaction ID : D133892**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PERLMUTTER FOR CONGRESS**

Mailing Address 3440 Youngfield Street

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Ed Perlmutter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128132**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PERLMUTTER FOR CONGRESS**

Mailing Address 3440 Youngfield Street

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement  
VOID CK 8232 6/27/12

Candidate Name

**Rep. Ed Perlmutter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

**Transaction ID : D134481**

Amount of Each Disbursement this Period

-1000.00
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VOID CK 8232 6/27/12

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129101**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 202 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. UPTON FOR ALL OF US**

Mailing Address 104 Hume Avenue

City  
AlexandriaState  
VAZip Code  
22301Purpose of Disbursement  
Contributions for Federal candidates

011

Candidate Name

**Rep. Fred Upton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2012

**Transaction ID : D133889**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. JACKIE SPEIER FOR CONGRESS**

Mailing Address Post Office Box 112

City  
BurlingameState  
CAZip Code  
94011Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Jackie Speier**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2012

**Transaction ID : D129086**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City  
COLUMBIAState  
SCZip Code  
29211Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. James E. Clyburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2012

**Transaction ID : D133725**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 203 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR ALTMIRE**

Mailing Address P.O. Box 1776

City Freedom	State PA	Zip Code 15042
-----------------	-------------	-------------------

Purpose of Disbursement  
VOID CK 8188 4/25/12

Candidate Name

**Rep. Jason Altmire**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		07		2012

**Transaction ID : D133759**

Amount of Each Disbursement this Period

-1000.00
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VOID CK 8188 4/25/12

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR ALTMIRE**

Mailing Address P.O. Box 1776

City Freedom	State PA	Zip Code 15042
-----------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Jason Altmire**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2012

**Transaction ID : D127765**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JESSE JACKSON JR FOR CONGRESS**

Mailing Address P.O. Box 490286

City Chicago	State IL	Zip Code 60649
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Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Jesse L. Jackson Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2012

**Transaction ID : D133893**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MATHESON FOR CONGRESS**

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Jim Matheson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134218**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Joe Courtney**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

**Transaction ID : D128120**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. CONGRESSMAN JOE BARTON COMMITTEE, THE**

Mailing Address P.O. Box 1444

City	State	Zip Code
Ennis	TX	75120

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Joe L. Barton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

**Transaction ID : D128129**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LARSON FOR CONGRESS**Mailing Address 330 Main Street  
430 South Capitol Street, SE

City Hartford State CT Zip Code 06106

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. John B. Larson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134206**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. CULBERSON FOR CONGRESS**

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. John Culberson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134208**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHN SULLIVAN FOR CONGRESS INC**

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. John Sullivan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133880**

Amount of Each Disbursement this Period

3000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CROWLEY FOR CONGRESS**

Mailing Address 84-56 GRAND AVENUE

City	State	Zip Code
ELMHURST	NY	11373

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Joseph Crowley**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 07

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128125**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. KENNY MARCHANT FOR CONGRESS**

Mailing Address PO Box 110187

City	State	Zip Code
Carrollton	TX	75011

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Kenny Marchant**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 24

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127754**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KISSELL FOR CONGRESS**

Mailing Address P.O. BOX 1530

City	State	Zip Code
BISCOE	NC	27209

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Larry Kissell**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2012

**Transaction ID : D133882**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPIS**

Mailing Address 38 Ivy Street, SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Lois Capps**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128135**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. Box 730

City  
HoneoyeState  
NYZip Code  
14471Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Louise M. Slaughter**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129099**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MICHAUD FOR CONGRESS**

Mailing Address 213 Lisbon St

City  
LewistonState  
MEZip Code  
04240Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Michael H. Michaud**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127769**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 OF 227

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MIKE MCINTYRE FOR CONGRESS**

Mailing Address P.O. Box 1

City	State	Zip Code
Lumberton	NC	28359

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Mike McIntyre**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 07

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : D133722**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. NANCY PELOSI FOR CONGRESS**

Mailing Address 607 14th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Nancy Pelosi**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : D133727**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. NEUGEBAUER CONGRESSIONAL COMMITTEE**

Mailing Address PO BOX 54175

City	State	Zip Code
LUBBOCK	TX	79453

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Randy Neugebauer**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 19

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

**Transaction ID : D127958**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2012

Mailing Address P.O. Box 904

City Dunn	State NC	Zip Code 28335
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**Transaction ID : D127967**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Renee Ellmers**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2012

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD	State MA	Zip Code 01108
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**Transaction ID : D127337**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Richard E. Neal**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 02

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2012

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD	State MA	Zip Code 01108
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**Transaction ID : D134225**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Richard E. Neal**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 02

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CITIZENS TO ELECT RICK LARSEN**

Mailing Address PO Box 326

City Everett	State WA	Zip Code 98206
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Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Rick Larsen**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133895**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. ROB WITTMAN FOR CONGRESS**

Mailing Address P.O. BOX 999

City MONTROSS	State VA	Zip Code 22520
------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Rob Wittman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : D133718**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. DOLD FOR CONGRESS**

Mailing Address PO BOX 8145

City NORTHFIELD	State IL	Zip Code 60093
--------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Robert Dold**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

**Transaction ID : D127760**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ROSA DELAURO**

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN	State CT	Zip Code 06511
-------------------	-------------	-------------------

Purpose of Disbursement  
VOID CK 7778 6/27/12

Candidate Name

**Rep. Rosa DeLauro**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

**Transaction ID : D134477**

Amount of Each Disbursement this Period

-1000.00
----------

VOID CK 7778 6/27/12

Full Name (Last, First, Middle Initial)

**B. GRAVES FOR CONGRESS**

Mailing Address 2345 Grand, Suite 2400

City Kansas City	State MO	Zip Code 64108
---------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Sam Graves**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129109**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LEVIN FOR CONGRESS**

Mailing Address PO Box 37

City Roseville	State MI	Zip Code 48066
-------------------	-------------	-------------------

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Sander M. Levin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129103**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SHELLEY MOORE CAPITO FOR CONGRESS**

Mailing Address P.O. Box 11519

City	State	Zip Code
Charleston	WV	25339

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Shelley Moore Capito**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2012

**Transaction ID : D127343**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. TIM BISHOP FOR CONGRESS**

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Timothy H. Bishop**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2012

**Transaction ID : D127963**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. TIM BISHOP FOR CONGRESS**

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Timothy H. Bishop**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2012

**Transaction ID : D129092**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Tom Price**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129111**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Tom Price**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134215**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Xavier Becerra**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

**Transaction ID : D127956**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Hanna for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

**Transaction ID : D129113**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Richard Hanna**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 22

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Ricky Gill for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

Mailing Address P.O. Box 691900

City	State	Zip Code
Stockton	CA	95269

**Transaction ID : D129128**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Ricky Gill**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 09

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Rob Portman for US Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2012

Mailing Address 900 19th Street, NW  
8th Floor

City	State	Zip Code
Washington	DC	20006

**Transaction ID : D134513**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Rob Portman**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rogers For Congress**

Mailing Address PO Box 581

City	State	Zip Code
Brighton	MI	48116

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Michael J. Rogers**

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2012

**Transaction ID : D129107**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Scott Brown for U.S. Senate Committee**

Mailing Address 200 Reservoir St

City	State	Zip Code
Needham Heights	MA	02494-3191

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: MA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2012

**Transaction ID : D133717**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SCOTT PAC**

Mailing Address PO Box 303

City	State	Zip Code
Alexandria	VA	22313

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

State: District: Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127762**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SEARCHLIGHT LEADERSHIP FUND**

Mailing Address 426 C St NE

City  
WashingtonState  
DCZip Code  
20002-5839Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127763**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City  
MELBOURNEState  
FLZip Code  
32935Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Sen. Bill Nelson**

011

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128127**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DAVID VITTER FOR US SENATE**

Mailing Address PO BOX 8175

City  
METAIRIEState  
LAZip Code  
70011Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Sen. David Vitter**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2012

**Transaction ID : D134514**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MONTANANS FOR TESTER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Mailing Address PO BOX 1135

City	State	Zip Code
HELENA	MT	59624

**Transaction ID : D133726**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Jon Tester**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District: 00

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAX BAUCUS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Mailing Address PO BOX 586

City	State	Zip Code
HELENA	MT	59624

**Transaction ID : D133721**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Max Baucus**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District: 00

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAX BAUCUS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

Mailing Address PO BOX 586

City	State	Zip Code
HELENA	MT	59624

**Transaction ID : D127955**Purpose of Disbursement  
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Max Baucus**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District: 00

1000.00

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

# National Emergency Medicine Political Action Committee

## A. PEOPLE FOR PATTY MURRAY

Date of Disbursement

Transaction ID : D133758

Amount of Each Disbursement this Period

Category/  
Type

Sen. Patty Murray

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

VOID CK 8118 3/14/12

## B. WYDEN FOR SENATE

Date of Disbursement

MM / DD / YYYY

Transaction ID : D128130

Amount of Each Disbursement this Period

Category/  
Type

Sen. Ron Wyden

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
04 25 2012

### C. CHAMBLISS FOR SENATE

Transaction ID : D127766

Amount of Each Disbursement this Period

Category/ Type
011

Sen. Saxby Chambliss

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

score	count
1000.00	1

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stabenow For Us Senate**

Mailing Address PO Box 4945

City  
East LansingState  
MIZip Code  
48826Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Sen. Debbie Stabenow**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : D134209**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 217 3rd St SE

City  
WashingtonState  
DCZip Code  
20003-1904Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Mr. Steve Stivers**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : D133728**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Strickland for Congress 2012**

Mailing Address P. O. Box 368

City  
Falls ChurchState  
VAZip Code  
22040Purpose of Disbursement  
Contributions for Federal Candidates

010

Candidate Name

**Tony Strickland**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

**Transaction ID : D129090**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy For Congress**

Mailing Address PO Box 10429

City  
PittsburghState  
PAZip Code  
15234-0429Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. Tim F. Murphy**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127768**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Scott for Congress**

Mailing Address 1405 Asley River Road

City  
CharlestonState  
SCZip Code  
29407Purpose of Disbursement  
Contributions for Federal CandidatesCategory/  
Type

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2012

**Transaction ID : D127344**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Tom Cotton for Congress**

Mailing Address PO Box 379

City  
DardanelleState  
ARZip Code  
72834Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Tom Cotton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

**Transaction ID : D128124**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tony Cardenas for Congress**

Mailing Address 3700 Wilshire Boulevard, Suite 105

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 29

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134229**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Udall For Colorado**

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Mark Udall**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: CO	District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

**Transaction ID : D127770**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Udall For Colorado**

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

**Rep. Mark Udall**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: CO	District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2012

**Transaction ID : D134205**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

# National Emergency Medicine Political Action Committee

### A. VIEW PAC

011

1000.00

Category/  
Type

State:  District:   annual contribution

## B. VOICE FOR FREEDOM

011

5000.00

Category/  
Type

State:  District:  Annual contribution

### C. VOICE FOR FREEDOM

category

-2500.00

Category/  
Type

State:  District:   VOID CK 7610 6/27/12

VOID CK 7610 6/27/12

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Volunteers For Shimkus**

Mailing Address PO Box 5458

City  
SpringfieldState  
ILZip Code  
62705Purpose of Disbursement  
Contributions for Federal Candidates

011

Candidate Name

**Rep. John M. Shimkus**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : D133879**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Wyoming Values PAC**

Mailing Address PO Box 1665

City  
AlexandriaState  
VAZip Code  
22313Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

**Transaction ID : D127764**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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328500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leigh Barrow**

Mailing Address 2824 E 25th Street

City	State	Zip Code
Tulsa	OK	74114

Purpose of Disbursement  
Refunds of Contributions from Individual

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : D134532**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Dr. Angela D Cheers**

Mailing Address 2292 Allen Rd

City	State	Zip Code
Ortonville	MI	48462-9300

Purpose of Disbursement  
REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

**Transaction ID : D129193**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**C. ihoih ihoih**

Mailing Address 122 ihoih

City	State	Zip Code
ihoih	IA	10001

Purpose of Disbursement  
RFND UNKNOWN CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2012

**Transaction ID : D128960**

Amount of Each Disbursement this Period

5.00
------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

355.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Mark Livingston**

Mailing Address 610 Estes Rd

City	State	Zip Code
Yakima	WA	98908-8750

Purpose of Disbursement  
RFND CK TO REPLACE CK#6495

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

**Transaction ID : D134855**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. Dr. Mark Livingston**

Mailing Address 610 Estes Rd

City	State	Zip Code
Yakima	WA	98908-8750

Purpose of Disbursement  
VOID CK 6495 6/27/12

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

**Transaction ID : D134470**

Amount of Each Disbursement this Period

-100.00
---------

VOID CK 6495 6/27/12

Full Name (Last, First, Middle Initial)

**C. Dr. Derek Wierzbicki**

Mailing Address 19 Pinehurst Dr

City	State	Zip Code
New Orleans	LA	70131-3354

Purpose of Disbursement  
REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

**Transaction ID : D129192**

Amount of Each Disbursement this Period

100.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00
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	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

# National Emergency Medicine Political Action Committee

### A. Dr. Alexander Yeats

Mailing Address 270 6th St

City	State	Zip Code
Atlantic Bch	FL	32233-5318

Purpose of Disbursement
RFND NON MBR SINCE 2011

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D128972

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

100.00

**TOTAL** This Period (last page this line number only).....

555.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement  
Bank Fees May 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : D133857**

Amount of Each Disbursement this Period

893.74
--------

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement  
Bank Fees Apr 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

**Transaction ID : D133734**

Amount of Each Disbursement this Period

392.25
--------

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement  
Bank Fees June 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : D134647**

Amount of Each Disbursement this Period

967.86
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2253.85

2253.85